

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006686

Entity Name: HABITAT FOR HUMANITY OF WAKULLA COUNTY,
INCORPORATED**Current Principal Place of Business:**940 SHADEVILLE HWY
CRAWFORDVILLE, FL 32327**Current Mailing Address:**P.O. BOX 1596
CRAWFORDVILLE, FL 32326**FEI Number: 59-3549632****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MACKIN, PEGGY
116 WILDWOOD DRIVE
CRAWFORDVILLE, FL 32327 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** PEGGY MACKIN**01/30/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name MACKIN, PEGGY
Address 116 WILDWOOD DR.
City-State-Zip: CRAWFORDVILLE FL 32327

Title PRESIDENT, DIRECTOR
Name OLAH, CHERYL
Address 286 ARRON RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title TREASURER, DIRECTOR
Name STOKLEY, ALICE
Address 255 EDGAR POOLE RDE.
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name LINKA, LESLIE
Address 229 J. K. MOORE RD.
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name HOWARD, SHIRLEY
Address PO BOX 1131
City-State-Zip: CRAWFORDVILLE FL 32326

Title DIRECTOR
Name BROWN, CLAUDE
Address 113 REHWINKLE RD.
City-State-Zip: CRAWFORDVILLE FL 32327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALICE STOKLEY**TREASUER****01/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date