

**2022 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****02/18/2022**

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****TREASURER****02/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date