

**2024 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:**OLAH, CHERYLL  
286 AARAN RD.  
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:** CHERYLL OLAH

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            DIRECTOR  
Name            HARDIN, RICHARD  
Address        PO BOX 98  
City-State-Zip: SOPCHOPPY FL 32358

Title            DIRECTOR  
Name            APPLETON, MARY  
Address        94 PINEWAY ST.  
City-State-Zip: CRAWFORDVILLE FL 32327

Title            DIRECTOR  
Name            APPLETON, CRAIG  
Address        94 PINEWAY ST.  
City-State-Zip: CRAWFORDVILLE FL 32327

**Continues on page 2**

*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 E STOKLEY**MANAGER**

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	TAMMY, GODWIN
Address	173 JUNIPER DRIVE
City-State-Zip:	CRAWFORDVILLE FL 32327