

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90018 033 \*\*\*\*61.25

**DOCUMENT # N98000006686**

1. Entity Name

**HABITAT FOR HUMANITY OF WAKULLA COUNTY, INCORPOR**

Principal Place of Business

3609 COASTAL HWY.  
 CRAWFORDVILLE FL 32327

Mailing Address

P.O. BOX 1596  
 CRAWFORDVILLE FL 32328

00057468



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3549632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KRAMER, TERESA  
 500 S. DUVAL ST.  
 TALLAHASSEE FL 32399-1900

7. Name and Address of New Registered Agent

Name Teresa Kramer  
 Street Address (P.O. Box Number is Not Acceptable) 1317 Winewood Blvd. Bldg #2  
Suite 204  
 City Tallahassee FL Zip Code 32399

8. 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	JONES, LOUIS A	
STREET ADDRESS	2140 CRAWFORDVILLE HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKIN, PEGGY	
STREET ADDRESS	116 WILDWOOD DR.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNEY, CHRIS	
STREET ADDRESS	1063 SOPCHOPPY HWY.	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, RUBY	
STREET ADDRESS	1143 SOPCHOPPY HWY.	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Taylor	
STREET ADDRESS	23 Folkien Way	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

May 31, 2001 488-2501

CR2E037 (10/00)