

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90047 032 ****61.25

DOCUMENT # N98000006686

1. Entity Name

HABITAT FOR HUMANITY OF WAKULLA COUNTY, INCORPORATED



Principal Place of Business

**940 SHADEVILLE HWY
 CRAWFORDVILLE FL 32327**

Mailing Address

**P.O. BOX 1596
 CRAWFORDVILLE FL 32326**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**KRAMER, TERESA
 386 WHITE OAK DRIVE
 CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

Name: **Karen Taylor**
 Street Address (P.O. Box Number is Not Acceptable): **23 Tolkien Way**
 City: **Crawfordville** FL Zip Code: **32327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Karen Taylor*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-04

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | D | <input checked="" 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 | ALLEN, RUBY | |
| STREET ADDRESS | 1143 SOPCHOPPY HWY. | |
| CITY-ST-ZIP | SOPCHOPPY FL 32358 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | TAYLOR, KAREN | |
| STREET ADDRESS | 23 TOLKIEN WAY | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | HANNAH, JEANNE | |
| STREET ADDRESS | 75 MULBERRY CIRCLE | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GANDY, SALLY | |
| STREET ADDRESS | 51 POMPANO DRIVE | |
| CITY-ST-ZIP | PANACEA FL 32346 | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | GREENMAN, HAROLD | |
| STREET ADDRESS | 336 MARY ANN DRIVE | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mackin, Peggy | |
| STREET ADDRESS | 116 Wildwood Dr. | |
| CITY-ST-ZIP | Crawfordville, FL 32327 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Taylor, Karen | |
| STREET ADDRESS | 23 Tolkien Way | |
| CITY-ST-ZIP | Crawfordville, FL 32327 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Keister, Beverly | |
| STREET ADDRESS | 100 Monocoupe Rd | |
| CITY-ST-ZIP | Panacea, FL 32346 | |
| TITLE | M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Thurmond, Brent | |
| STREET ADDRESS | 27 Brentwood Lane | |
| CITY-ST-ZIP | Crawfordville, FL 32327 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bales, Linda | |
| STREET ADDRESS | 215 Mariah Creek Rd | |
| CITY-ST-ZIP | Crawfordville, FL 32327 | |
| 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 as 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: *Karen Taylor* **Karen Taylor** **2-21-04** **(850)-410-5842**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #