2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#737994

FILED Jan 18, 2007 Secretary of State

Entity Name: CLAY COUNTY HABITAT FOR HUMANITY, INC.

Principal Place of Business: NDING BOULEVARD URG, FL 32068 US Mailing Address: 240 PARK, FL 320670240 US T: 59-1748850 FEI Number Applied For () Id Address of Current Registered Agent: PHYLLIS RIDGE AVE	New Principal Place 1717 BLANDING BO MIDDLEBURG, FL 3 New Mailing Address FEI Number Not Applicable () Name and Address	ULEVARD 32068 US ss: Certificate of Status Desired ()
VRG, FL 32068 US Mailing Address: 240 PARK, FL 320670240 US :: 59-1748850 FEI Number Applied For () d Address of Current Registered Agent: PHYLLIS	MIDDLEBURG, FL 3 New Mailing Address FEI Number Not Applicable ()	Certificate of Status Desired ()
240 PARK, FL 320670240 US :: 59-1748850 FEI Number Applied For () d Address of Current Registered Agent: PHYLLIS	FEI Number Not Applicable()	Certificate of Status Desired()
PARK, FL 320670240 US :: 59-1748850 FEI Number Applied For () d Address of Current Registered Agent: PHYLLIS	., ,,	, ,
d Address of Current Registered Agent: PHYLLIS	., ,,	, ,
PHYLLIS	Name and Address	
		of New Registered Agent:
PARK, FL 32073 US	urnose of changing its register	ed office or registered agent, or both
	urpose of changing its register	sa office of registered agent, or both,
RE:		
Electronic Signature of Registered Age	nt	Date
S AND DIRECTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS
PD () Delete VANCAS, PHYLLIS 4120 ELDRIDGE AVE ORANGE PARK, FL 32073	Title: Name: Address: City-St-Zip:	() Change () Addition
VD () Delete JERRY, KEMP 1885 OSPREY BLUFF BLVD ORANGE PARK, FL 32003	Title: Name: Address: City-St-Zip:	() Change () Addition
SD () Delete MELLAR, FAITH 6771 SHINDLER DR JACKSONVILLE, FL 32222	Title: Name: Address: City-St-Zip:	() Change () Addition
AT (X) Delete BOCCIERI, MONICA 1921 ROSE MALLOW LANE ORANGE PARK, FL 32003	Title: Name: Address: City-St-Zip:	() Change () Addition
DT () Delete HARRINGTON, TERESA B 358 STILES AVENUE ORANGE PARK, FL 32073	Title: Name: Address: City-St-Zip:	() Change () Addition
	Electronic Signature of Registered Age SAND DIRECTORS: PD () Delete VANCAS, PHYLLIS 4120 ELDRIDGE AVE ORANGE PARK, FL 32073 VD () Delete JERRY, KEMP 1885 OSPREY BLUFF BLVD ORANGE PARK, FL 32003 SD () Delete MELLAR, FAITH 6771 SHINDLER DR JACKSONVILLE, FL 32222 AT (X) Delete BOCCIERI, MONICA 1921 ROSE MALLOW LANE ORANGE PARK, FL 32003 DT () Delete HARRINGTON, TERESA B 358 STILES AVENUE	Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete VANCAS, PHYLLIS A120 ELDRIDGE AVE ORANGE PARK, FL 32073 VD () Delete JERRY, KEMP 1885 OSPREY BLUFF BLVD ORANGE PARK, FL 32003 SD () Delete MELLAR, FAITH 6771 SHINDLER DR JACKSONVILLE, FL 32222 AT (X) Delete BOCCIERI, MONICA 1921 ROSE MALLOW LANE ORANGE PARK, FL 32003 DT () Delete HARRINGTON, TERESA B 358 STILES AVENUE ADDITIONS/CHANG Name: Address: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHYLLIS VANCAS PD 01/18/2007