2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737994

FILED Jan 31, 2008 Secretary of State

Entity Name: CLAY COUNTY HABITAT FOR HUMANITY, INC.

Current Principal Place of Business: New Principal Place of Business:

1717 BLANDING BOULEVARD MIDDLEBURG, FL 32068 US

Current Mailing Address: New Mailing Address:

P.O. BOX 240

ORANGE PARK, FL 320670240 US

FEI Number: 59-1748850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VANCAS, PHYLLIS KEMP, JERRY

4120 ELDRIDGE AVE 1885 ÖSPREY BLUFF BLVD ORANGE PARK, FL 32073 US ORANGE PARK, FL 32003 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: JERRY KEMP 01/31/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: VANCAS, PHYLLIS Name: KEMP, JERRY

Name: VANCAS, PHYLLIS Name: KEMP, JERRY
Address: 4120 ELDRIDGE AVE Address: 1885 OSPREY BLUFF BLVD
City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32003

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 JERRY, KEMP
 Name:
 JESPERSON, GORDON O

 Address:
 1885 OSPREY BLUFF BLVD
 Address:
 1279 KINGSLEY AVE

 City-St-Zip:
 ORANGE PARK, FL 32003
 City-St-Zip:
 ORANGE PARK, FL 32073

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 MELLAR, FAITH
 Name:
 ROLLEN, TERRY

 Address:
 6771 SHINDLER DR
 Address:
 732 WINFRED PLACE

 City-St-Zip:
 JACKSONVILLE, FL 32222
 City-St-Zip:
 ORANGE PARK, FL 32073

Title: DT () Delete Title: () Change () Addition

 Name:
 HARRINGTON, TERESA B
 Name:

 Address:
 358 STILES AVENUE
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JERRY KEMP PD 01/31/2008