

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737994

Entity Name: CLAY COUNTY HABITAT FOR HUMANITY, INC.**Current Principal Place of Business:**1717 BLANDING BOULEVARD
MIDDLEBURG, FL 32068**Current Mailing Address:**P.O. BOX 240
ORANGE PARK, FL 32067-0240 US**FEI Number: 59-1748850****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**EDWARDS, CAROLYN
1717 BLANDING BOULEVARD
MIDDLEBURG, FL 32068 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name WAGNER, LORI
Address 8425 MERCHANTS WAY
City-State-Zip: JACKSONVILLE FL 32222

Title TREASURER
Name BUTTERSTEIN, BRYAN
Address 811 GLENDALE LANE
City-State-Zip: ORANGE PARK FL 32065

Title ED
Name EDWARDS, CAROLYN
Address 1717 BLANDING BOULEVARD
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name CHANCEY, BRIAN
Address 1532 KINGSLEY AVENUE
SUITE 110
City-State-Zip: ORANGE PARK FL 32073

Title VICE PRESIDENT
Name ALDRICH, CRAIG
Address 2064 COUNTY ROAD 209B
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title SECRETARY
Name D'ANDREA, DUANE
Address 2886 RIVER OAK DRIVE
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR
Name BODDIE, JAMES
Address 1649 KINGSLEY AVENUE
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR
Name HEAD, ROBERT
Address 1530 BUSINESS CENTER DRIVE
City-State-Zip: FLEMING ISLAND FL 32003

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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: CAROLYN EDWARDS**EXECUTIVE DIRECTOR****02/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HORNE, JIM
Address POST OFFICE BOX 8339
City-State-Zip: FLEMING ISLAND FL 32006

Title DIRECTOR
Name LILES, CHRISTOPHER
Address 2766 RAVINES ROAD
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name WORSHAM, BOYD
Address 3130 THUNDER ROAD
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name KEREKES, JANICE
Address 1794 SOUTHLAKE DRIVE
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name MACDONALD, THOMAS
Address 2978 SPARKLEBERRY DRIVE
City-State-Zip: MIDDLEBURG FL 32068