

**2022 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:** No**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	PRESIDENT
Name	YOUNGBLOOD, MIKE
Address	128 FAIRWAY OAKS DRIVE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	TREASURER
Name	BAKER, CLIFF
Address	1796 SHOAL CREEK CIRCLE
City-State-Zip:	GREEN COVE SPRINGS FL 32043

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

Title	VP
Name	GOBLE, GARY
Address	4000 LAKE CREST TERRACE
City-State-Zip:	MIDDLEBURG FL 32068

Title	DIRECTOR
Name	CAMPBELL, JOHN
Address	2569 RIDGECREST AVENUE
City-State-Zip:	ORANGE PARK FL 32065

Title	SECRETARY
Name	HARDIN, CECILY
Address	1472 KATHLEEN WAY
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIRECTOR
Name	SULLIVAN, DONAL FATHER
Address	1810A GREEN SPRINGS CIRCLE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIRECTOR
Name	GRIFFIN, ALI
Address	974 WATERMAN ROAD SOUTH
City-State-Zip:	JACKSONVILLE FL 32207

**Continues on page 2**

*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

01/21/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HIGGINBOTHAM, ROGER  
Address 2418 STOCKTON DRIVE  
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR  
Name NEW, LAUREL  
Address 1467 KATHLEEN WAY  
City-State-Zip: FLEMING ISLAND FL 32003