

2017 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 WAGNER, LORI
Address 1755 EAGLE HARBOR PARKWAY
City-State-Zip: FLEMING ISLAND FL 32003

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

Title DIRECTOR
Name PATRICK, CHAD
Address 125 HOLLY BERRY AVENUE
City-State-Zip: ST. JOHN'S FL 32259

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

Title DIRECTOR
Name NELSEN, CYNTHIA
Address 1394 CANOPY OAKS DRIVE
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR
Name HUTCHENS, CURTIS C.
Address 268 DOW COURT
City-State-Zip: GREEN COVE SPRINGS FL 32043

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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****02/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name YOUNGBLOOD, MICHAEL
Address 128 FAIRWAY OAKS DRIVE
City-State-Zip: FLEMING ISLAND FL 32003