

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 737994 (4)

1. Corporation Name

CLAY COUNTY HABITAT FOR HUMANITY, INC.

Principal Place of Business

142 KINGSLEY AVE  
APT. 203-D  
ORANGE PARK FL 32073  
US

Mailing Address

P.O. BOX 240  
ORANGE PARK FL 32067-0240  
US



3. Date Incorporated or Qualified  
02/03/1977

3a. Date of Last Report  
04/14/1995

4. FEI Number  
59-1748850

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 142 KINGSLEY AVE

26 Suite, Apt. #, etc.

22 N/A

27 Suite, Apt. #, etc.

23 ORANGE PARK, FL

28 City & State

24 32073

25 CLAY

29 Zip

30 CLAY

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, R.P.  
101 WEST HOFFMAN AVENUE  
APT 203D  
PENNEY FARMS FL 32079

81 Name

ROGER H. CROSS

82 Street Address (P.O. Box Number is Not Acceptable)

4405 STUDIO RD

83

84 City

PENNEY FARMS

FL

85 Zip Code

32079

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ROGER H. CROSS PRES. 6/11/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME TO  
BERGSTRESSER, GEORGE  
STREET ADDRESS 4375 STUDIO DR.  
CITY-ST-ZIP PENNEY FARMS FL

TITLE ☒ DELETE

NAME P  
HIGGINS, WILLIAM  
STREET ADDRESS 1847 WEXFORD WAY  
CITY-ST-ZIP ORANGE PARK FL

TITLE ☒ DELETE

NAME D  
MULENBURG, JOHN  
STREET ADDRESS PENNEY RETIREMENT #308C  
CITY-ST-ZIP PENNEY FARMS FL

TITLE ☒ DELETE

NAME SD  
JOHNSON, PARK  
STREET ADDRESS PENNEY RETIREMENT #203D  
CITY-ST-ZIP PENNEY FARMS FL

TITLE ☒ DELETE

NAME VD  
MASSEY, DAVIDE  
STREET ADDRESS 589 PINE FOREST TRAIL  
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE REQUIRED

ROGER H. CROSS

DATE

6/11/96

DAYTIME PHONE #

529-9673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)