

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737994** (4)  
1. Corporation Name  
**CLAY COUNTY HABITAT FOR HUMANITY, INC.**



Principal Place of Business <b>142 KINGSLEY AVE ORANGE PARK FL 32073 US</b>	Mailing Address <b>P.O. BOX 240 ORANGE PARK FL 32067-0240 US</b>
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3. Date Incorporated or Qualified <b>02/03/1977</b>	3a. Date of Last Report <b>06/17/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number <b>59-1748850</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROSS, ROGER H  
4405 STUDIO RD  
PENNEY FARMS FL 32079**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

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

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	<b>TD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERGSTRESSER, GEORGE</b>	1.2 NAME	<b>Danny King</b>
STREET ADDRESS	<b>4375 STUDIO DR.</b>	1.3 STREET ADDRESS	<b>613 S Gulfstream Tr</b>
CITY-ST-ZIP	<b>PENNEY FARMS FL</b>	1.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROSS, ROGER H</b>	2.2 NAME	<b>Cross, Roger H.</b>
STREET ADDRESS	<b>4405 STUDIO RD</b>	2.3 STREET ADDRESS	<b>4405 studio rd</b>
CITY-ST-ZIP	<b>PENNEY FARMS FL</b>	2.4 CITY-ST-ZIP	<b>Penney Farms, FL 32079</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OLVERIO, JAY</b>	3.2 NAME	<b>Koukabany, Rob</b>
STREET ADDRESS	<b>1798 PRESTON TR.</b>	3.3 STREET ADDRESS	<b>1567 Kingsley Ave</b>
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>	3.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRESTIK, JOEL</b>	4.2 NAME	
STREET ADDRESS	<b>2083 Tanager Dr</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGGINS, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>1847 WEXFORD WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/97

(904) 269-4505

CR2E037 (9/96)