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FILED
Jan 29 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 142 KINGSLEY AVE ORANGE PARK FL 32073 US	Mailing Address P.O. BOX 240 ORANGE PARK FL 32067-0240 US
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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
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3. Date Incorporated or Qualified 02/03/1977	Applied For Not Applicable
4. FEI Number 59-1748850	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CROSS, ROGER H
4405 STUDIO RD
PENNEY FARMS FL 32079

10. Name and Address of New Registered Agent

81 Name DANNY KING	82 Street Address (P.O. Box Number is Not Acceptable) 613 GULFSTREAM TRAIL SOUTH	83	84 City ORANGE PARK	85 Zip Code FL 32073
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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]
Signature, typed or printed name of registered agent and title if applicable.

- PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

1-14-98
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KING, DANNY
STREET ADDRESS	613 S GULFSTREAM TR
CITY-ST-ZIP	ORANGE PARK FL
TITLE	D
NAME	CROSS, ROGER H
STREET ADDRESS	4405 STUDIO RD
CITY-ST-ZIP	PENNEY FARMS FL
TITLE	VD
NAME	OLIVERIO, JAY
STREET ADDRESS	1796 PRESTON TR.
CITY-ST-ZIP	GREEN COVE SPRINGS FL
TITLE	SD
NAME	TRESTIK, JOEL
STREET ADDRESS	2093 Tanager DR
CITY-ST-ZIP	ORANGE PARK FL
TITLE	D
NAME	HIGGINS, WILLIAM
STREET ADDRESS	1847 WEXFORD WAY
CITY-ST-ZIP	ORANGE PARK FL
TITLE	TD
NAME	KOWKABANY, ROB
STREET ADDRESS	1567 KINGSLEY AVE
CITY-ST-ZIP	ORANGE PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	AS
1.2 NAME	BERNARD GLADE
1.3 STREET ADDRESS	1692 VILLAGE WAY
1.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
2.1 TITLE	AT
2.2 NAME	JOHN BALSAY
2.3 STREET ADDRESS	36 FOX VALLEY RD.
2.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **DANNY KING** **1-14-98** **904-272-2021**

CR2E037 (10/97)