02231999-90085-047-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737994

1. Corporation Name

CLAY COUNTY HABITAT FOR HUMANITY, INC.

Principal Place of Business	Mailing Address
142 KINGSLEY AVE ORANGE PARK FL 32073 US	P.O. BOX 240 ORANGE PARK FL 32067-0240 US

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/03/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1748850 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KING, DANNY
613 GULFSTREAM TRAIL SOUTH
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: Steve Latham, President
82 Street Address (P.O. Box Number Is Not Acceptable): 3104 Rocco
83
84 City: Orange Park FL 85 Zip Code: 32073

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: Steven T. LATHAM, President DATE: 3-23-99
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	KING, DANNY		1.2 NAME	King, Danny	
STREET ADDRESS	613 S GULFSTREAM TR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	PD	☐ Change ☑ Addition
NAME	CROSS, ROGER H		2.2 NAME	Steve Latham	
STREET ADDRESS	4405 STUDIO RD		2.3 STREET ADDRESS	3104 Rocco	
CITY-ST-ZIP	PENNEY FARMS FL		2.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OLIVERIO, JAY		3.2 NAME		
STREET ADDRESS	1796 PRESTON TR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	TRESTIK, JOEL		4.2 NAME	Trestik, Joel	
STREET ADDRESS	2093 TANAGER DR		4.3 STREET ADDRESS	51 Finch ct	
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GLADE, BERNARD		5.2 NAME		
STREET ADDRESS	1692 VILLAGE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		5.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	6.1 TITLE	DT	☐ Change ☑ Addition
NAME	KOWKABANY, ROB		6.2 NAME	Sandy Treffinger	
STREET ADDRESS	1567 KINGSLEY AVE		6.3 STREET ADDRESS	3621 Waterside Dr	
CITY-ST-ZIP	ORANGE PARK FL		6.4 CITY-ST-ZIP	Orange Park 32065	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-13-99 (904) 264-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)