

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 04, 2002 8:00 am
Secretary of State**

02-04-2002 90050 037 ****61.25

0006370

DOCUMENT # 737994

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1748850

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LATHAM, STEVE
3104 ROCCO
ORANGE PARK FL 32073**

Name

Jay Oliverio

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

1796 Preston Trail

City

Green Cove Springs

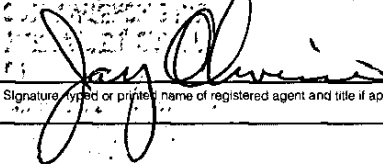
FL

Zip Code

32043

8. 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

**Jay Oliverio, President****1-15-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	KING, DANNY	
STREET ADDRESS	613 S GULFSTREAM TR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LATHAM, STEVE	
STREET ADDRESS	3104 ROCCO	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OLIVERIO, JAY	
STREET ADDRESS	1796 PRESTON TR.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRESTIK, JOEL	
STREET ADDRESS	51 FINCH CT.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MCCULLY, MARGARET	
STREET ADDRESS	561 PINE FOREST TRAIL	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	OT	<input type="checkbox"/> Delete
NAME	TREFFINGER, SANDY	
STREET ADDRESS	3621 WATERSIDE DR.	
CITY-ST-ZIP	ORANGE PARK FL 32065	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Jones	
STREET ADDRESS	1544 Stonebriar Rd	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	bary Schreck	
STREET ADDRESS	1187 Colonial Dr.	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay Oliverio	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Hill	
STREET ADDRESS	300 Bermuda Bay Circle #304	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)