2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#737994

Entity Name: CLAY COUNTY HABITAT FOR HUMANITY, INC.

FILED Jan 26, 2004 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
|--|--|---|---------------|--|---|--|----------------------|--|
| 1726 KINGSLEY AVE. SUITE 9 ORANGE PARK, FL 32073 US | | | | 1707 BLANDING BOULEVARD MIDDLEBURG, FL 32068 US | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| P.O. BOX 2 ORANGE F | 240 PARK, FL 320 | 670240 US | | | | | | |
| FEI Number: | 59-1748850 | FEI Number Applied For() | FEI Nun | nber Not Appl | icable () | Certificate of | Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | | |
| HILL, KATHERINE 2005 PALMELTA PT. DRIVE PONTE VEDRA BEACH, FL 32082 US | | | | HILL, KATHERINE 2005 PALMETTO PT DR PONTE VEDRA BEACH, FL 32082 US | | | | |
| The above in the State | named entity s of Florida. | submits this statement for t | the purpose o | f changing it | ts registered of | fice or regist | ered agent, or both, | |
| SIGNATURE: | | | | 01/26/2004 | | | | |
| Electronic Signature of Registered Agent | | | | Date | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | JONES, BETTY 1544 STONEBR | | | Title: Name: Address: City-St-Zip: | () | Change () Ad | dition | |
| Title: Name: Address: City-St-Zip: | VD () ROLLEN, TERF 732 WINFRED ORANGE PARK | PLACE | | Title: Name: Address: City-St-Zip: | () | Change () Ad | dition | |
| Title: Name: Address: City-St-Zip: | HILL, KATHERI 2005 PALMELT | | | Title: Name: Address: City-St-Zip: | HILL, KATHERIN 2005 PALMETTO | (X) Change () Addition THERINE LMETTO PT. DRIVE (EDRA BEACH, FL 32082 | | |
| Title: Name: Address: City-St-Zip: | JONES, BETTY 1544 STONEBR | () Delete Title: SD (X) Change () Addit S, BETTY Name: MELLAR, FAITH STONEBRIAR RD. Address: 6771 SHINDLER DR GE PARK, FL 32073 City-St-Zip: JACKSONVILLE, FL 32222 | | | dition | | | |
| Title: Name: Address: City-St-Zip: | AT () BOCCIERI, MO 1921 ROSE MA ORANGE PARK | LLOW LANE | | Title: Name: Address: City-St-Zip: | () Change () Addition | | | |
| Title: Name: Address: City-St-Zip: | DT () TREFFINGER, 3621 WATERS ORANGE PARK | DE DR. | | Title: Name: Address: City-St-Zip: | DT (X) HARRINGTON, 358 STILES AVI ORANGE PARK | ENUE | dition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE HILL PD 01/26/2004