2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# 737994

Entity Name: CLAY COUNTY HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

1707 BLANDING BOULEVARD
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 240
ORANGE PARK, FL 320670240 US

New Mailing Address:

FEI Number: 59-1748850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROLLEN, TERRY
732 WINFRED PLACE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

VANCAS, PHYLLIS
4120 ELDRIDGE AVE
ORANGE PARK, FL 32073 US

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: PHYLLIS VANCAS 01/13/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROLLEN, TERRY
Address: 732 WINFRED PLACE
City-St-Zip: ORANGE PARK, FL 32073

Title: VD ( ) Delete
Name: VANCAS, PHYLLIS
Address: 4120 ELDRIDGE AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: SD ( ) Delete
Name: MELLAR, FAITH
Address: 6771 SHINDLER DR
City-St-Zip: JACKSONVILLE, FL 32222

Title: AT ( ) Delete
Name: BOCCIERI, MONICA
Address: 1921 ROSE MALLOW LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: DT ( ) Delete
Name: HARRINGTON, TERESA B
Address: 358 STILES AVENUE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VANCAS, PHYLLIS
Address: 4120 ELDRIDGE AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: VD (X) Change ( ) Addition
Name: JERRY, KEMP
Address: 1885 OSPREY BLUFF BLVD
City-St-Zip: ORANGE PARK, FL 32003

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PHYLLIS VANCAS PD 01/13/2006
Electronic Signature of Signing Officer or Director Date