

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737994

FILED
Jan 13, 2009
Secretary of State

Entity Name: CLAY COUNTY HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

1717 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:

KEMP, JERRY
1885 OSPREY BLUFF BLVD
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

JESPERSON, GORDON O
1279 KINGSLEY AVENUE SUITE 118
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: GORDON O. JESPERSON

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEMP, JERRY
Address: 1885 OSPREY BLUFF BLVD
City-St-Zip: ORANGE PARK, FL 32003

Title: VD () Delete
Name: JESPERSON, GORDON O
Address: 1279 KINGSLEY AVE
City-St-Zip: ORANGE PARK, FL 32073

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

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: JESPERSON, GORDON O
Address: 1279 KINGSLEY AVE SUITE 118
City-St-Zip: ORANGE PARK, FL 32073

Title: VD (X) Change () Addition
Name: HAMMOCK, BILL
Address: 14385 TIMUQUANA RD. UNIT 207
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD (X) Change () Addition
Name: KENYON, AUDREY
Address: 3342 ASPEN FOREST DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: DT (X) Change () Addition
Name: RINER, FRANK
Address: 1632 PLAINFIELD AVENUE
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify 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: GORDON O. JESPERSON

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date