

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737994

**FILED**  
**Jan 10, 2011**  
**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:**

JESPERSON, GORDON O  
1279 KINGSLEY AVENUE SUITE 118  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MANGUM, RANDY  
Address: 1434 WOODLAND VIEW DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VD  
Name: CRAWFORD, BETSEY  
Address: 1896 SALT MYRTLE LANE  
City-St-Zip: ORANGE PARK, FL 32003

Title: SD  
Name: RICHARDS, STEVE  
Address: ONE SOUTH OAKRIDGE AVENUE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DT  
Name: JESPERSON, GORDON O  
Address: 1279 KINGSLEY AVENUE SUITE 118  
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: GAMBLE WRIGHT

ED

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date