2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737994



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90291 018 ****61.25

CLAY COUNTY HABITAT FOR HUMANITY, INC.					1 25 2003 50251	,	.23
Principal Place 142 KINGSLEY ORANGE PARK US		Mailing Address P.O. BOX 240 ORANGE PARK FL 32067-024 US	0	1 (188) (1886)	11 JOHN J. 1811 J. B. 11 B	#11 81#11 8 1#11 #1#	UL BJ a ll 1 86 1
	Place of Business	3. Mailing Address))
_		Suite, Apt. #, etc.	Suite, Apt. #, etc.		HECK HERE IF MAKIN	G CHANGES	
City & Stat		City & State					oplied For
Oran		City & State		4. FEI Number 59	-174885U 	├ ─	ot Applicable
Zip 320	Country	Zip	Country	5. Certificate of Sta	itus Desired	\$8.75 Add	
2/0	6. Name and Address of Current i	Registered Agent		7. Name and Addr	ess of New Registered	<u>. </u>	
OUNTRIC	N IAV		Name	herine Hill			•
OLIVERIO, JAY 1796 PRESTON TRAIL			Street Add	ress (P.O. Box Number is No.	ot Acceptable)		
	COVE SPRINGS FL 32043			<u> </u>		·-	
			Charl	e Vedra, FL	FL	Zip Cod	
	named entity submits this statement for	the purpose of changing its re	egistered office or re	egistered agent, or both, in the	he State of Florida. I am		
the obligat	tions of registered agent.	4/1/					
SIGNATURE	1/4/20	Dul					
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature i	required when reinstating)	DATE		
				i i			7
ا	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Coi		\$5.00 May Be Added to Fees	Make Ched Florida Depa		
10.	OFFICERS AND DIR	Trust Fund Cor	ntribution.	Added to Fees ADDITIONS/CHANGE		rtment of S	State
	·	Trust Fund Cor	11. TITLE S F	Added to Fees ADDITIONS/CHANGE TO DECILY Hardin	Florida Depar	rtment of S	State
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR AS JONES, BETTY 1544 STONEBRIAR ROAD	Trust Fund Cor	11. TITLE G NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGE TO D Cecily Hardin 472 Kathleen W	Florida Deparente S TO OFFICERS AND D	rtment of S	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR AS JONES, BETTY 1544 STONEBRIAR ROAD GREEN COVE SPRINGS FL 32043	Trust Fund Cor	11. TITLE G NAME C STREET ADDRESS \ CITY-ST-ZIP G	Added to Fees ADDITIONS/CHANGE HSD Cecily Hardin 472 Kathleen wirreen Cove Spring	Florida Deparente S TO OFFICERS AND D	IRECTORS IN Change	State I 10 A Addition
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR AS JONES, BETTY 1544 STONEBRIAR ROAD GREEN COVE SPRINGS FL 32043 VD SCHRECK, GARY	Trust Fund Cor	11. TITLE CONTROL CONT	Added to Fees ADDITIONS/CHANGE HSD Cecily Hardin 472 Kathleen with the Cove Spring TO Rollen	Florida Depai S TO OFFICERS AND D XXX S, FL 32043	rtment of S	State
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR AS JONES, BETTY 1544 STONEBRIAR ROAD GREEN COVE SPRINGS FL 32043 VD SCHRECK, GARY 1687 COLONIAL DRIVE	Trust Fund Cor	11. TITLE C. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGE HSD Cecily Hardin 472 Kathleen worreen Cove Spring (D) emy Rollen 132 Win fred f	Florida Depai S TO OFFICERS AND D SOLUTION BY STATE OF THE STATE OF TH	IRECTORS IN Change	State I 10 A Addition
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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 apdress, with all other like empowered.

SIGNATURE: