

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90291 018 *****61.25

DOCUMENT # 737994

1. Entity Name
CLAY COUNTY HABITAT FOR HUMANITY, INC.



Principal Place of Business
**142 KINGSLEY AVE
ORANGE PARK FL 32073
US**

Mailing Address
**P.O. BOX 240
ORANGE PARK FL 32067-0240
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

1726 Kingsley Ave
Suite, Apt. #, etc.
Suite 9

Suite, Apt. #, etc.

City & State
Orange Park, FL

City & State

Zip
32073 Country
US

Zip Country

4. FEI Number **59-1748850**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLIVERIO, JAY
1796 PRESTON TRAIL
GREEN COVE SPRINGS FL 32043**

Name
Katherine Hill
Street Address (P.O. Box Number is Not Acceptable)
2005 Palmetto Pt. Drive
City
Ponte Vedra, FL Zip Code
32082

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Katherine Hill*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
JONES, BETTY
1544 STONEBRIAR ROAD
GREEN COVE SPRINGS FL 32043** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
Cecily Hardin
1472 Kathleen way
Green Cove Springs, FL 32043** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SCHRECK, GARY
1687 COLONIAL DRIVE
GREEN COVE SPRINGS FL 32043** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Terry Rollen
732 Win Fred Place
Orange Park, FL 32073** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
OLIVERIO, JAY
1796 PRESTON TR.
GREEN COVE SPRINGS FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Katherine Hill
2005 Palmetto Pt. Drive
Ponte Vedra, FL 32082** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TRESTIK, JOEL
51 FINCH CT.
ORANGE PARK FL 32073** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Betty Jones
1544 Stonebriar Rd
Orange Park, FL 32073** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
HILL, KATHY
300 BERMUDA BAY CIRCLE #304
PONTE VEDRA BEACH FL 32082** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**IAT
Monica Boccieri
1921 Rose mallow Lane
Orange Park, FL 32003** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
TREFFINGER, SANDY
3621 WATERSIDE DR.
ORANGE PARK FL 32065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 address, with all other I am empowered.

SIGNATURE:

Katherine Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03 904-269-4565
Date Daytime Phone #

CR2E037 (10/02)