

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737994

Entity Name: CLAY COUNTY HABITAT FOR HUMANITY, INC.**Current Principal Place of Business:**1717 BLANDING BOULEVARD
MIDDLEBURG, FL 32068**Current Mailing Address:**P.O. BOX 240
ORANGE PARK, FL 32067-0240 US**FEI Number: 59-1748850****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**EDWARDS, CAROLYN
1717 BLANDING BOULEVARD
MIDDLEBURG, FL 32068 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	WAGNER, LORI
Address	8425 MERCHANTS WAY
City-State-Zip:	JACKSONVILLE FL 32222

Title	VD
Name	RICHARDS, STEVE
Address	1063 BULK HEAD ROAD - ANDIAMO
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	SD
Name	RICHARDS, STEVE
Address	1063 BULK HEAD ROAD - ANDIAMO
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	TD
Name	HORNE, JIM
Address	POST OFFICE BOX 8339
City-State-Zip:	FLEMING ISLAND FL 32006

Title	ED
Name	EDWARDS, CAROLYN
Address	1717 BLANDING BOULEVARD
City-State-Zip:	MIDDLEBURG FL 32068

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: CAROLYN EDWARDS**EXECUTIVE DIRECTOR****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date