

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25616

**Entity Name:** HABITAT FOR HUMANITY OF JACKSONVILLE, INC.**Current Principal Place of Business:**2404 HUBBARD STREET  
JACKSONVILLE, FL 32206**Current Mailing Address:**2404 HUBBARD STREET  
JACKSONVILLE, FL 32206 US**FEI Number:** 59-2880071**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'ROURKE, MARY KAY PRES  
2404 HUBBARD STREET  
JACKSONVILLE, FL 32206 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	CEO
Name	O'ROURKE, MARY KAY
Address	2404 HUBBARD ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	VC
Name	STOKES, KEVIN
Address	550 WATER ST
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY
Name	JONES, J. MALCOLM III
Address	3625 HENDRICKS AVE
City-State-Zip:	JACKSONVILLE FL 32207

Title	CHAIRMAN
Name	CRIBB, SHEILA
Address	9000 SOUTHSIDE BLVD BLDG 400 5TH FLOOR
City-State-Zip:	JACKSONVILLE FL 32256

Title	TREASURER
Name	DILTS, ROBERT
Address	10150 DEERWOOD PARK BLVD.
City-State-Zip:	JACKSONVILLE FL 32256

*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:** MARY KAY O'ROURKE**PRESIDENT & CEO****04/13/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date