

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 02, 2009  
Secretary of State

DOCUMENT# N08000003814

Entity Name: CLAY COUNTY CRUZERS, INC.

**Current Principal Place of Business:**

2977 BULL CREEK ROAD  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

2977 BULL CREEK ROAD  
MIDDLEBURG, FL 32068

**New Mailing Address:**

FEI Number: 26-2273333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALMER, ELISABETH  
2977 BULL CREEK ROAD  
MIDDLEBURG, FL 32068 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: P ( ) Delete  
Name: PALMER, ELISABETH  
Address: 2977 BULL CREEK RD.  
City-St-Zip: MIDDLEBURG, FL 32068

Title: 1VP ( ) Delete  
Name: MOORE, WILLIAM  
Address: 3659 NALLS LANE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: 2VP ( ) Delete  
Name: WILLIFORD, JIM  
Address: PO BOX 94  
City-St-Zip: ORANGE PARK, FL 32067

Title: S ( ) Delete  
Name: SCARDIGNO, NICK  
Address: 3281 WILDERNESS CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: T ( ) Delete  
Name: BRAUN, LEONARD  
Address: 75 MANDRAKE STREET  
City-St-Zip: MIDDLEBURG, FL 32068

Title: MBR ( ) Delete  
Name: LOGSDON, NORD  
Address: 2569 AQUARIUS RD.  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELISABETH PALMER

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date