

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003814

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** CLAY COUNTY CRUZERS, INC.

**Current Principal Place of Business:**

2977 BULL CREEK ROAD  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

2908 MAJESTIC OAKS LANE  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

2977 BULL CREEK ROAD  
MIDDLEBURG, FL 32068

**New Mailing Address:**

2908 MAJESTIC OAKS LANE  
GREEN COVE SPRINGS, FL 32043

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:**

HASKINS, MARK  
2908 MAJESTIC OAKS LANE  
GREEN COVE SPRINGS, FL 32043 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: MARK HASKINS

04/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HASKINS, MARK 1ST  
Address: 2908 MAJESTIC OAKS LN  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: V  
Name: HOOD, BURT  
Address: 2850 FISHER CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: S  
Name: KNOBLETT, MIKE  
Address: 1679 DEBBIE LANE  
City-St-Zip: ORANGE PARK, FL 32073

Title: S  
Name: DAY, MICHAEL  
Address: 1514 WATERBRIDGE COURT  
City-St-Zip: ORANGE PARK, FL 32003

Title: MEM  
Name: STRICKLEN, JIM  
Address: 389 AQUARIUS CONCOURSE  
City-St-Zip: ORANGE PARK, FL 32073

Title: PP  
Name: PALMER, ELISABETH  
Address: 2977 BULL CREEK ROAD  
City-St-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: MARK HASKINS

P

04/07/2011

Electronic Signature of Signing Officer or Director

Date