

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729535

Entity Name: CLAY COUNTY COUNCIL ON AGING, INC.**Current Principal Place of Business:**3530 ENTERPRISE WAY
2019
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**P. O. BOX 655
GREEN COVE SPRINGS, FL 32043 US**FEI Number: 59-1557913****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BOWLES, JOHN
611 CUSTER CIRCLE
ORANGE PARK, FL 32073 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:** JOHN BOWLES

06/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CLARY, TINA
Address	P. O. BOX 655
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	VP
Name	PEEPLES, ELIABETH
Address	5038 SPRINGBANK ROAD
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	TREASURER
Name	POWERS, JOHN
Address	P. O. BOX 655
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	SECRETARY
Name	ELLIOTT, LYNN
Address	P. O. BOX 655
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	PAST PRESIDENT
Name	BOWLES, JOHN
Address	P. O. BOX 655
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	DIRECTOR
Name	COLEMAN, RONALD
Address	P. O. BOX 655
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	DIRECTOR
Name	KINNEAR, SYLVIA
Address	P. O. BOX 655
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	DIRECTOR
Name	KELLY, SHERRY
Address	P. O. BOX 655
City-State-Zip:	GREEN COVE SPRINGS FL 32043

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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: JOHN BOWLES

PAST PRESIDENT

06/10/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RICKABAUGH, LESLIE
Address P. O. BOX 655
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title OTHER
Name WILLIAMS, JERRY
Address P. O. BOX 655
City-State-Zip: GREEN COVE SPRINGS FL 32043