

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N08000003814

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

**Current Principal Place of Business:**

6843 OLD CHURCH ROAD  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

6843 OLD CHURCH ROAD  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 26-2273333

**Certificate of Status Desired:** No

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

GUIRAGOSSIAN, ARAZ  
6843 OLD CHURCH ROAD  
FLEMING ISLAND, FL 32003 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:** ARAZ GUIRAGOSSIAN

10/14/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GUIRAGOSSIAN, ARAZ  
Address 6843 OLD CHURCH ROAD  
City-State-Zip: FLEMING ISLAND FL 32003

Title 1VP  
Name PIERRO, CHARLES  
Address 794 ASHWOOD STREET  
City-State-Zip: ORANGE PARK FL 32065

Title 2VP  
Name SHELL, THOMAS  
Address 1911 CAPTIVA DRIVE  
City-State-Zip: MIDDLEBURG FL 32068

Title T  
Name CHEEK, MANUEL  
Address 2203 THOMAS LYNCH COURT  
City-State-Zip: ORANGE PARK FL 32073

Title S  
Name REDMOND, ANITA ROSE  
Address 725 WASHINGTON AVENUE  
City-State-Zip: ORANGE PARK FL 32065

Title MAL  
Name WALLS, ALONZO  
Address 1747 BARTLETT AVENUE  
City-State-Zip: ORANGE PARK FL 32073

*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:** ARAZ GUIRAGOSSIAN

**PRESIDENT**

10/14/2015

Electronic Signature of Signing Officer/Director Detail

Date