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: BRUCE A MATTHEWS

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : P

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:

Title	Р	Title	VP
Name	SCOTT-FORD, ALESIA V REV. DR	Name	NEWMAN, JOHN BISHOP
Address	2031 BLUEBONNET WAY	Address	1743 MILLER STREET
City-State-Zip:	ORANGE PARK FL 32003	City-State-Zip:	ORANGE PARK FL 32073
Title	TRES		
Name	MATTHEWS, BRUCE PASTOR		
Address	2884 GOLDEN POND BOULEVARD		

FEI Number: 46-3225357

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SCOTT-FORD, ALESIA V REV. DR 2031 BLUEBONNET WAY ORANGE PARK, FL 32003 US

Entity Name: CLAY COUNTY MINISTERIAL ALLIANCE, INC

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

535 MCINTOSH AVENUE ORANGE PARK. FL 32073

Current Mailing Address:

DOCUMENT# N1300002653

535 MCINTOSH AVENUE ORANGE PARK. FL 32073 US

Certificate of Status Desired: No

FILED Mar 12, 2021 Secretary of State 4378849232CC

> 03/12/2021 Date

Date

TRES