


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 8:00 am**  
**Secretary of State**

01-11-2006 90011 014 \*\*\*\*61.25

<b>DOCUMENT # 711663</b> 1. Entity Name CLAY COUNTY HISTORICAL SOCIETY, INC.	
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Principal Place of Business 915 WALNUT STREET PO BOX 1202 GREEN COVE SPRINGS, FL 32043	Mailing Address 915 WALNUT STREET PO BOX 1202 GREEN COVE SPRINGS, FL 32043
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60001117



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 71-1663200	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SHIELDS, EDWARD 430 ST JOHNS AVENUE GREEN COVE SPRINGS, FL 32043
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	<del>VADEN, PEGGY</del> BOB ELDER
STREET ADDRESS	<del>730 MYRTLE AVENUE</del> 3220 RIVER RD
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	TD
NAME	ISGAN, GERI
STREET ADDRESS	1952 QUAKER RIDGE DRIVE
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	VO
NAME	PARKER, JENNIFER
STREET ADDRESS	1841 C.R. 209 B
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	PD
NAME	SHIELDS, EDWARD
STREET ADDRESS	430 ST. JOHNS AVE
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <i>Gerri Isgan</i>	GERI ISGAN	1-6-06	904-529-9725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #