

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90050 019 ****61.25

DOCUMENT # 711663 1. Entity Name CLAY COUNTY HISTORICAL SOCIETY, INC.					
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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 71-1663200	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, EDWARD 430 ST JOHNS AVENUE GREEN COVE SPRINGS, FL 32043				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELDER, BOB		NAME		
STREET ADDRESS	3220 RIVER RD		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ISGAN, GERI		NAME	Nancy Forehand	
STREET ADDRESS	1952 QUAKER RIDGE DRIVE		STREET ADDRESS	211 Center Street	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, JENNIFER		NAME	Jennifer Parker	
STREET ADDRESS	1841 C.R. 209 B		STREET ADDRESS	1841 C.R. 209 B	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHIELDS, EDWARD		NAME	Terry Haggard	
STREET ADDRESS	430 ST. JOHNS AVE		STREET ADDRESS	3305 Shelley Drive	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: Nancy Forehand 4/23/07 284-2502					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					