

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

1. Entity Name  
**CLAY COUNTY HISTORICAL SOCIETY, INC.**



**Mailing Address**  
915 WALNUT STREET  
PO BOX 1202  
GREEN COVE SPRINGS, FL 32043

### 3. Mailing Address

Suite Apt. # etc.

City &amp; State

Country

Country

04272008 Chg-NP CR2E037 (12/06)

4. FEI Number  
71-1663200

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ELDER, BOB	
STREET ADDRESS	3220 RIVER RD	
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043	

TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Fink, Barbara		
STREET ADDRESS	5085 Springhawk Rd.		
CITY - ST - ZIP	Green Cove Springs, FL 32043		
DATE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	TD	<input type="checkbox"/> Delete
NAME	FOREHAND, NANCY	
STREET ADDRESS	211 CENTER STREET	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKER, JENNIFER	
STREET ADDRESS	1841 C.R. 209 B	
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HAGGARO, TERRY	
STREET ADDRESS	3305 SHELLEY DRIVE	
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Forehand  
OR DIRECTOR

Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_