

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711663

FILED
Apr 01, 2009
Secretary of State

Entity Name: CLAY COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

915 WALNUT STREET
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

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

New Mailing Address:

915 WALNUT STREET
GREEN COVE SPRINGS, FL 32043

FEI Number: 71-1663200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, EDWARD
430 ST JOHNS AVENUE
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

SHIELDS, EDWARD PRESIDE
430 ST JOHNS AVENUE
GREEN COVE SPRINGS, FL 32043 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: EDWARD SHIELDS

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BARBOURA, FINK
Address: 5085 SPINGHANK RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD () Delete
Name: FOREHAND, NANCY
Address: 211 CENTER STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PD () Delete
Name: PARKER, JENNIFER
Address: 1841 C.R. 209 B
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD () Delete
Name: HAGGAR, TERRY
Address: 3305 SHELLEY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GIBSON, JANICE
Address: 4280 SADDLEHORN TRAIL
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HAGGARD, FRANK VP
Address: 3305 SHELLEY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD SHIELDS

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date