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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 20 PM 2:23

DOCUMENT # 711875 (5)

1. Corporation Name
CLAY COUNTY SHERIFF'S RESERVES, INC.

Principal Place of Business	Mailing Address
901 ORANGE AVENUE/P O BOX 548 GREEN COVE SPRINGS FL 32043	901 ORANGE AVENUE/P O BOX 548 GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1966
3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-6000555 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANCASTER, SCOTT L
901 N ORANGE AVE
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: S Lancaster L. S. Lancaster, Sheriff March 1, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	BROWN, GEORGE A.	1.2 NAME	Bennett, Dennis R.
STREET ADDRESS	901 N ORANGE AVE	1.3 STREET ADDRESS	483 Alsey Dr.
CITY-ST-ZIP	GREEN COVE SPRINGS FL	1.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	ALMEIDA, SANDY	2.2 NAME	
STREET ADDRESS	5480 JACKSON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE	~~D~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~MEEHAN, TERRY~~	3.2 NAME	
STREET ADDRESS	~~1229 CIMMARON DR~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORANGE PARK FL~~	3.4 CITY-ST-ZIP	
TITLE	~~D~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~SLATERY, TOM~~	4.2 NAME	
STREET ADDRESS	~~215 FOXTAIL AVE~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIDDLEBURG FL~~	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	Slattery, Tom	5.2 NAME	
STREET ADDRESS	215 Foxtail Ave.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Middleburg, FL 32068	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George A Brown 1/18/95 904 264-6512
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR Date Daytime Phone #

0000141