FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

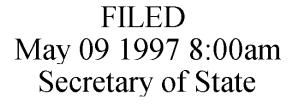
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

711875

(5)

CLAY COUNTY SHERIFF'S RESERVES, INC.





							ENN BORN GERNE SA		ER a li a rari 1 0 a i	
Principal Place of Business Mailing Address						T HODIST INDUITED TO THE TOTAL STATE OF THE TOTAL S	BIN BERKE WIDII BII	III BIATU	DINSE NINE CONT	
GOI ORANGE AV	ENUE/P O BOX 548 PRINGS FL 32043	901 ORANGE AVENUE/P O BOX 548 GREEN COVE SPRINGS FL 32043								
						3. Date Incorporated or Qualified 12/01/1966	3a. Date of 05 /	Last F 23/19	eport 196	
2. Principal Place	ce of Business	2a. Mailing Address				4. FEI Number 59-6000555	Number			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional			
City & State		City & State				Fee Hequired				
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country Zip		Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30			Florida Statutes Yes No				
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	gisterea Ager	<u> </u>		
LANCAST	FR SCOTT I									
LANCASTER, SCOTT L 901 N ORANGE AVE				82	Street Ad	Address (P.O. Box Number is Not Acceptable)				
GREEN C	OVE SPRINGS FL 32043			83						
			ŀ	84	City		FL 85	1	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.										
SIGNATURE 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 OFFICE		E.CTO	RS IN 12	
TITLE	SD	DELETE 1.1 TO		LE				Change	Addition	
NAME	BROWN, GEORGE A.		1.2 NAME							
STREET ADDRESS	OBENI COLE ADDILIOO FI				ADDRESS				į.	
DITY-ST-ZIP	GREEN COVE SPRINGS FL.	DELETE	1.4 CIT 2.1 TIT		- ZIP			Change	[] Addition	
NAME	ALMEIDA, SANDY	==		2.2 NAME			ا لسا	Stange	[_] \(\alpha\)	
STREET ADDRESS	5480 JACKSON AVE			23 STREET ADDRESS						
CITY-ST-ZIP	ORANGE PARK FL			2. 4 CITY-ST-ZIP					ĺ	
TITLE	D DELETE 3		3.1 TIT	3.1 TITLE				Change	Addition	
NAME	ALM EIDA, JACK		3.2 NA	3.2 NAME					[
STREET ADDRESS	5480 JACKSON AVE.		3.3 1516	3.3 STREET ADDRESS					į	
CITY-ST-ZIP	ORANGE PARK FL 32065		3.4. CI		T-ZIP					
TITLE	P	☐ DELETE	4.1 T IT		ļ			Change	Addition	
NAME	LANCASTER, SCOTT		4. 2 N		_ [
STREET ADDRESS	901 NORTH ORANGE AVE.				ADDRESS					
CITY-ST-ZIP	GREEN COVE SPAINGS FL 3	ZU43	4.4 CiT		- ZIP		···	Change	Addition	
NAME				.1 TITLE .2 NAME				Straingo		
STREET ADDRESS			. I		ADDRESS				ļ	
CITY-ST-ZIP			5.4 CIT							
TITLE SOLD IN		DELETE	6.1 111					Change	Addition	
NAME		<u>-</u> -	6.2 NA					-		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 ÇIT							

14. I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.