2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004
Secretary of State

DOCUMENT# 711875

Entity Name: CLAY COUNTY SHERIFF'S RESERVES, INC.

Current Principal Place of Business:

901 NORTH ORANGE AVENUE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

P O BOX 548
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-6000555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALMEIDA, SANDY
Address: 901 NORTH ORANGE AVENUE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P ( ) Delete
Name: LANCASTER, SCOTT,
Address: 901 NORTH ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete
Name: COWAN, MARK
Address: 901 ORANGE AVENUE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D (X) Delete
Name: GREEN, LEON L
Address: 901 NORTH ORANGE AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALMEIDA, SANDY B
Address: 901 NORTH ORANGE AVENUE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDY B. ALMEIDA D 01/14/2004

Electronic Signature of Signing Officer or Director — Date