

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90054 028 \*\*\*\*61.25

20012523



01282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-6000555

Applied For  
Not Applicable

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

**DOCUMENT # 711875**

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



Principal Place of Business  
901 NORTH ORANGE AVENUE  
GREEN COVE SPRINGS, FL 32043

Mailing Address  
P O BOX 548  
GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
MARK COWAN

Street Address (P.O. Box Number is Not Acceptable)  
901 NORTH ORANGE AVENUE

City GREEN COVE SPRINGS FL Zip Code 32043

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: MARK COWAN, DIRECTOR 1/28/05  
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME ALMEIDA, SANDY B  
STREET ADDRESS 901 NORTH ORANGE AVENUE  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME LANCASTER, SCOTT  
STREET ADDRESS 901 NORTH ORANGE AVE.  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE P  
NAME RICK BESELER  
STREET ADDRESS 901 NORTH ORANGE AVENUE  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE D  
NAME COWAN, MARK  
STREET ADDRESS 901 ORANGE AVENUE  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I 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 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: Director 1/28/05 904-278-3888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #