


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90032 047 ****70.00

DOCUMENT # 728470					
1. Entity Name CLAY COUNTY BAR ASSOCIATION, INC.					
Principal Place of Business C/O DAVID A. KING, ATTORNEY 1416 KINGSLEY AVE ORANGE PARK, FL 32073		Mailing Address C/O DAVID A. KING, ATTORNEY 1416 KINGSLEY AVE ORANGE PARK, FL 32073			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2964019	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KING, DAVID A., ATTORNEY @ LAW 1416 KINGSLEY AVE ORANGE PARK, FL 32073			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, DAVID A	NAME			
STREET ADDRESS	1416 KINGSLEY AVE.	STREET ADDRESS			
CITY - ST - ZIP	ORANGE PARK, FL	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YEOMANS, MARYANNE	NAME			
STREET ADDRESS	1045 N. ORANGE AVE.	STREET ADDRESS			
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENNY, RENAE	NAME			
STREET ADDRESS	3509 HIGHWAY 17	STREET ADDRESS			
CITY - ST - ZIP	ORANGE PARK, FL 32003	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRAWDY, STACIE	NAME			
STREET ADDRESS	1279 KINGSLEY AVE. SUITE 118	STREET ADDRESS			
CITY - ST - ZIP	ORANGE PARK, FL 32073	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHOISSER, WILLIAM V	NAME			
STREET ADDRESS	1409 KINGSLEY AVENUE, SUITE 14-A	STREET ADDRESS			
CITY - ST - ZIP	ORANGE PARK, FL 32073	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CULBERT, BRUCE P	NAME			
STREET ADDRESS	445 BALD EAGLE RD.	STREET ADDRESS			
CITY - ST - ZIP	ORANGE PARK, FL 32003	CITY - ST - ZIP			



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2964019**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE	AS <input type="checkbox"/> Delete
NAME	KING, DAVID A
STREET ADDRESS	1416 KINGSLEY AVE.
CITY - ST - ZIP	ORANGE PARK, FL
TITLE	D <input type="checkbox"/> Delete
NAME	YEOMANS, MARYANNE
STREET ADDRESS	1045 N. ORANGE AVE.
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D <input type="checkbox"/> Delete
NAME	KENNY, RENAE
STREET ADDRESS	3509 HIGHWAY 17
CITY - ST - ZIP	ORANGE PARK, FL 32003
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DRAWDY, STACIE
STREET ADDRESS	1279 KINGSLEY AVE. SUITE 118
CITY - ST - ZIP	ORANGE PARK, FL 32073
TITLE	D <input type="checkbox"/> Delete
NAME	CHOISSER, WILLIAM V
STREET ADDRESS	1409 KINGSLEY AVENUE, SUITE 14-A
CITY - ST - ZIP	ORANGE PARK, FL 32073
TITLE	D <input type="checkbox"/> Delete
NAME	CULBERT, BRUCE P
STREET ADDRESS	445 BALD EAGLE RD.
CITY - ST - ZIP	ORANGE PARK, FL 32003

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-08 904-269-6699

Date Director's Phone #