

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728470

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: CLAY COUNTY BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DAVID A. KING, ATTORNEY  
1416 KINGSLEY AVE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID A. KING, ATTORNEY  
1416 KINGSLEY AVE  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 59-2964019      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KING, DAVID A., ATTORNEY @ LAW  
1416 KINGSLEY AVE  
ORANGE PARK, FL 32073      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: AS      ( ) Delete  
Name: KING, DAVID A  
Address: 1416 KINGSLEY AVE.  
City-St-Zip: ORANGE PARK, FL

Title: D      ( ) Delete  
Name: YEOMANS, MARYANNE  
Address: 1045 N. ORANGE AVE.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D      ( ) Delete  
Name: KENNY, RENAE  
Address: 3509 HIGHWAY 17  
City-St-Zip: ORANGE PARK, FL 32003

Title: D      (X) Delete  
Name: CHOISSER, WILLIAM V  
Address: 1409 KINGSLEY AVENUE, SUITE 14-A  
City-St-Zip: ORANGE PARK, FL 32073

Title: D      ( ) Delete  
Name: CULBERT, BRUCE P  
Address: 445 BALD EAGLE RD.  
City-St-Zip: ORANGE PARK, FL 32003

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D      (X) Change ( ) Addition  
Name: FAGAN, JOHN  
Address: 1063 PARK AVENUE  
City-St-Zip: ORANGE PARK, FL 32073

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 exemption stated 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 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: DAVID A. KING

AS

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date