2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# 729535

Entity Name: CLAY COUNTY COUNCIL ON AGING, INC.

Current Principal Place of Business:

604 WALNUT ST.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

604 WALNUT ST.
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-1557913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, RALPH A
1612 BETH ST
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

JONES, RALPH A PRESIDE
1612 BETH ST
GREEN COVE SPRINGS, FL 32043 US

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: RALPH A JONES, JR. 04/13/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: KNIGHT, ANNE
Address: 403 ROBERTS ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VPD ( ) Delete
Name: NEYMAN, JOHNNY
Address: 1705 ELSIE STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P ( ) Delete
Name: JONES, RALPH A
Address: 1612 BETH ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T ( ) Delete
Name: BAZLEY, JOAN
Address: 3144 BAZLEY RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: BAZLEY, JOAN
Address: 3144 BAZLEY ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VPD (X) Change ( ) Addition
Name: RYMER, HAROLD
Address: 4295 HAWK HAVEN ROAD
City-St-Zip: MIDDLEBURG, FL 32068

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

Title: T (X) Change ( ) Addition
Name: HARRINGTON, EARL
Address: 517 CLINTON DRIVE
City-St-Zip: ORANGE PARK, FL 32073

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: RALPH A. JONES, JR. P 04/13/2005
Electronic Signature of Signing Officer or Director Date