

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729535

FILED  
Apr 27, 2007  
Secretary of State

**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:**

HARRINGTON, EARL PRESIDE  
517 CLINTON DRIVE  
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: T ( ) Delete  
Name: BAZLEY, JOAN  
Address: 3144 BAZLEY ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S ( ) Delete  
Name: WILLIAMS, JERI  
Address: 104 ST. JOHNS AVENUE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

Title: P ( ) Delete  
Name: HARRINGTON, EARL  
Address: 517 CLINTON DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

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

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

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 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: EARL HARRINGTON

P

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date