

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729535

FILED
Apr 15, 2009
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:

BAZLEY, JOAN PRESIDE
3144 BAZLEY ROAD
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

WILLIAMS, JERRY PRESIDE
104 ST. JOHNS AVENUE
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: JERRY WILLIAMS

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: CARLTON, DOROTHY A
Address: 3167 RIVER ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S () Delete
Name: SHARP, GWEN
Address: 1362 MAHAMA BLUFF
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, JERRY
Address: 104 ST. JOHNS AVENUE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VPD (X) Change () Addition
Name: BEBOUT, RICK
Address: 7622 OAK DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

Title: S (X) Change () Addition
Name: SOUTHWELL, LORRIE
Address: 3651 U.S. HIGHWAY 17
City-St-Zip: ORANGE PARK, FL 32003

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: JERRY WILLIAMS

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date