

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729535

**FILED**  
**Apr 20, 2010**  
**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:**

WILLIAMS, JERRY PRESIDE  
104 ST. JOHNS AVENUE  
GREEN COVE SPRINGS, FL 32043 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: P  
Name: WILLIAMS, JERRY  
Address: 104 ST. JOHNS AVENUE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VPD  
Name: BEBOUT, RICK  
Address: 7622 OAK DRIVE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

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

Title: S  
Name: SOUTHWELL, LORRIE  
Address: 3651 U.S. HIGHWAY 17  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: S  
Name: SHARP, GWEN  
Address: 1362 MAHAMA BUFF  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

I hereby 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 all other like empowered.

SIGNATURE: JERRY WILLIAMS

PRES

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date