

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90196 019 ****61.25

DOCUMENT # 729535

1. Entity Name

CLAY COUNTY COUNCIL ON AGING, INC.



Principal Place of Business

**604 WALNUT ST.
GREEN COVE SPRINGS FL 32043**

Mailing Address

**604 WALNUT ST.
GREEN COVE SPRINGS FL 32043**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1557913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, JR, RALPH A
1612 BETH ST.
GREEN COVE SPRINGS FL 32043**

Name
M. Calvin Wilcox

Street Address (P.O. Box Number is Not Acceptable)
700 Walnut Street

City **Green Cove Springs** **FL** Zip Code **32043**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

M. Calvin Wilcox

M. Calvin Wilcox, President

April 16, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete
NAME **ROSEL, DOROTHY**
STREET ADDRESS **3330 ROSEMARY HILL RD.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **ISGAN, ROBERT**
STREET ADDRESS **1952 QUAKER RIDGE DRIVE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Johnny Neyman**
STREET ADDRESS **1705 Elsie Street**
CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE **T** ☐ Delete
NAME **WILCOX, CALVIN**
STREET ADDRESS **700 WALNUT STREET**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **PD** ☒ Change ☐ Addition
NAME **Calvin Wilcox**
STREET ADDRESS **700 Walnut Street**
CITY-ST-ZIP **Green Cove Springs, FL**

TITLE **PD** ☒ Delete
NAME **JONES, RALPH A JR**
STREET ADDRESS **3521 HOFFMAN STREET**
CITY-ST-ZIP **PENNEY FARMS FL**

TITLE **T** ☐ Change ☒ Addition
NAME **Rosann Sparks**
STREET ADDRESS **2014 Salt Myrtle Lane**
CITY-ST-ZIP **Orange Park, FL 32003**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Calvin Wilcox

M. Calvin Wilcox, President 04/16/03 (904) 284-5977

CR2E037 (10/02)