

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768952

FILED
Jul 12, 2009
Secretary of State

Entity Name: CLAY COUNTY CLUB, INC.

Current Principal Place of Business:

1835 SMITH ST.
ORANGE PK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1335 KINGSLEY AVE
PO BOX 1632
ORANGE PARK, FL 320671632 US

New Mailing Address:

FEI Number: 59-2881677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, MELISSA R
2053 WAX MYRTLE CT
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: P () Delete
Name: HARKER, HEATHER E
Address: 2929 GOLDEN POND BLVD
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: STALEY, JOHN R
Address: 8509 IVEYSTONE CT
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: WILLIAMS, MELISSA
Address: 2053 WAX MYRTLE CT
City-St-Zip: ORANGE PARK, FL 32073

Title: T (X) Delete
Name: DRISCOLL, WILLIAM
Address: 11247 SANJOSE BLVD, #524
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STALEY, JOHN R
Address: 8509 IVEYSTONE CT
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Change () Addition
Name: KAPPEN, FRANK
Address: P.O. BOX 65783
City-St-Zip: ORANGE PARK, FL 32065

Title: T (X) Change () Addition
Name: GREULING, GARRY L
Address: 2591 FRANKLIN CT
City-St-Zip: ORANGE PARK, FL 32073

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: GARRY L GREULING

T

07/12/2009

Electronic Signature of Signing Officer or Director

Date