2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90309 017 ****61.25

DOCUMENT # N01000007219

1. Entity Name
CLAY COUNTY SENIOR ADULT ADVOCACY COUNCIL, INC.

94056034

Principal Place of Business	Mailing Address
1857 WELLS ROAD #6 ORANGE PARK, FL 32073 US	1857 WELLS ROAD #6 ORANGE PARK, FL 32073 US

04142004 Chg-NP CR2E037 (10/03)

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 59-3751734 ☐ 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
FAGAN, RICHARD 1857 WELLS ROAD #6 ORANGE PARK, FL 32073	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FAGAN, RICHARD 1857 WELLS ROAD, #6 ORANGE PARK, FL 32073	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President SUSANNE COLDWELL 1520 BEECHER LANE ORANGE PARK, FL. 32073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALEXANDER, NANCY K 3651 HWY 17 ORANGE PARK, FL 32003	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President MICHAEL B ROOKER 7964 STATE RD 100 KEYSTONE HEIGHTS, FL 32056	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GORDON, PAT 9000 REGENCY SQUARE BLVD., STE. 201 JACKSONVILLE, FL 32211	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary JANIE KRAMER 6320-ST. AUGUSTINE RD, ST. 6-A JACKSONVILLE, FL 32217	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PIPES, WILLIAM B 1728 KINGSLEY AVE., STE. 105 ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: /s/ William B. Pipes WILLIAM B. PIPES 4/16/04 (904)264-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #