

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0100007219

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



FILED

05 OCT 18 PM 4:34

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

Mailing Address
1857 WELLS ROAD
#6
ORANGE PARK, FL 32073 US

REINSTATEMENT



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1012005 REIN-NP

CR2E099 (6/04)

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

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
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME COLDWELL, SUSANNE ☒ Delete
STREET ADDRESS 1520 BEECHER LN
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE P ☒ Change ☒ Addition
NAME BROOKER, MICHAEL B.
STREET ADDRESS 160 MAGNOLIA AV.
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE VP ☒ Delete
NAME BROOKER, MICHAEL
STREET ADDRESS 7964 STATE RD 100
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32056

TITLE VP ☒ Change ☒ Addition
NAME WOOD, MEGAN
STREET ADDRESS 6550 ST. AUGUSTINE RD. STE. 1
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE S ☐ Delete
NAME KRAMER, JANIE
STREET ADDRESS 6320 ST AUGUSTINE RD STE 6-A
CITY-ST-ZIP JACKSONVILLE, FL 32217

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

TITLE TD ☒ Delete
NAME PIPES, WILLIAM B
STREET ADDRESS 1728 KINGSLEY AVE., STE. 105
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE TD ☒ Change ☒ Addition
NAME NEWMAN-JONES, Kim
STREET ADDRESS 630 SOUTH 2ND ST. W/F C-3
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

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)(f), 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: *Michael Brooker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 13 2005

Date

Daytime Phone #