

FROM : SENIORPLANNERS

FAX NO. : 3524738225


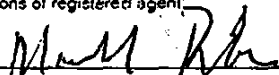
**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90248 039 \*\*\*\*\*61.25

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1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N01000007219</b>					
1. Entity Name <b>CLAY COUNTY SENIOR ADULT ADVOCACY COUNCIL, INC.</b>					
Principal Place of Business <b>1857 WELLS ROAD #6 ORANGE PARK FL 32073 US</b>			Mailing Address <b>1857 WELLS ROAD #6 ORANGE PARK FL 32073 US</b>		
2. Principal Place of Business <b>160 MAGNOLIA AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>160 MAGNOLIA AVE</b> Suite, Apt. #, etc.			
City & State <b>KEYSTONE HEIGHTS, FL.</b> Zip <b>32656</b> Country <b>CLAY</b>		City & State <b>KEYSTONE HEIGHTS, FL.</b> Zip <b>32656</b> Country <b>CLAY</b>		4. FEI Number <b>59-3751734</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>FAGAN, RICHARD 1857 WELLS ROAD #6 ORANGE PARK FL 32073</b>			7. Name and Address of New Registered Agent Name <b>MICHAEL E. BROOKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>160 MAGNOLIA AVE.</b> City <b>KEYSTONE HEIGHTS, FL</b> Zip Code <b>32656</b>		
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 resigning) DATE					
FILE NOW: FEE IS \$61.25 Due By May 31, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BROOKER, MICHAEL B 160 MAGNOLIA AVE. KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WOOD, MEGAN 6550 ST. AUGUSTINE RD., STE. 1 JACKSONVILLE FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KRAMER, JANIE 6320 ST AUGUSTINE RD STE 6-A JACKSONVILLE FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NEWMAN-JONES, KIM 630 SOUTH 2ND ST. UNIT C-3 JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 