

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90003 005 ****61.25

DOCUMENT # N01000007219 1. Entity Name CLAY COUNTY SENIOR ADULT ADVOCACY COUNCIL, INC.			
Principal Place of Business 160 MAGNOLIA AVE KEYSTONE HEIGHTS, FL 32656 US		Mailing Address 160 MAGNOLIA AVE KEYSTONE HEIGHTS, FL 32656 US	
2. Principal Place of Business - No P.O. Box # 3051 US Hwy 17 Suite, Apt. #, etc.		3. Mailing Address 3051 US Hwy 17 Suite, Apt. #, etc.	
City & State Orange Park FL Zip 32003 Country US		City & State Orange Park FL Zip 32003 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 BROOKER, MICHAEL E 160 MAGNOLIA AVE KEYSTONE HEIGHTS, FL 32656		7. Name and Address of New Registered Agent Name: The AllegroC Fleming Island 90 marketing Street Address (P.O. Box Number is Not Acceptable) 3051 US Hwy 17 City: Orange Park FL Zip Code: 32003	
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: Margot A. Cooke, President 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 September 14, 2007		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: P NAME: BROOKER, MICHAEL B STREET ADDRESS: 160 MAGNOLIA AVE. CITY-ST-ZIP: KEYSTONE HEIGHTS, FL 32656	☒ Delete	TITLE: P NAME: Cooke, Margot STREET ADDRESS: 3051 US Hwy 17 CITY-ST-ZIP: Orange Park FL 32003	☐ Change ☒ Addition
TITLE: VP NAME: WOOD, MEGAN STREET ADDRESS: 6550 ST. AUGUSTINE RD., STE. 1 CITY-ST-ZIP: JACKSONVILLE, FL 32217	☒ Delete	TITLE: VP NAME: Nancy Kenner STREET ADDRESS: 22450 Plantation Center Dr. Suite 57 CITY-ST-ZIP: Orange Park FL 32003	☐ Change ☒ Addition
TITLE: S NAME: KRAMER, JANIE STREET ADDRESS: 6320 ST AUGUSTINE RD STE 6-A CITY-ST-ZIP: JACKSONVILLE, FL 32217	☐ Delete		☐ Change ☐ Addition
TITLE: TD NAME: NEWMAN-JONES, KIM STREET ADDRESS: 630 SOUTH 2ND ST. UNIT C-3 CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250	☒ Delete	TITLE: TD NAME: Sherri Pratt STREET ADDRESS: 1215 Kingsley Ave. CITY-ST-ZIP: Orange Park FL 32073	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Margot A. Cooke, Margot A. Cooke, 4/15/07 (904) 278-4442 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			