

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007219

FILED
Jan 22, 2009
Secretary of State

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

Current Principal Place of Business:

3651 US HWY 17
ORANGE PARK, FL 32003 US

New Principal Place of Business:

Current Mailing Address:

3651 US HWY 17
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: 59-3751734 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

THE ALLEGRO C FLEMING ISLAND C/O MARKETING
3651 US HWY 17
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

BENSON, ALLEN A PRESIDE
6419 JACK WRIGHT ISLAND RD
ST. AUGUSTINE, FL 32092 US

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: ALLEN A. BENSON

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COOKE, MARGOT
Address: 3651 US HWY 17
City-St-Zip: ORANGE PARK, FL 32003

Title: VP () Delete
Name: KEMNER, NANCY
Address: 2245 PLANTATION CENTER DR SUITE 5
City-St-Zip: ORANGE PARK, FL 32003

Title: S () Delete
Name: KRAMER, JANIE
Address: 6320 ST AUGUSTINE RD STE 6-A
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD () Delete
Name: PRATT, SHERRI
Address: 1215 KINDOLEY AVE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENSON, ALLEN
Address: 6419 JACK WRIGHT ISLAND RD.
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HARMON, SHERRI
Address: PO BOX 440423
City-St-Zip: JACKSONVILLE, FL 32244

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: ALLEN A. BENSON

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date