2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007219

FILED Mar 16, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3651 US HWY 17

ORANGE PARK, FL 32003 US

Current Mailing Address: New Mailing Address:

3651 US HWY 17 4452 BLACK ALDER CT

ORANGE PARK, FL 32003 US JACKSONVILLE, FL 32258 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VANCAS, PHYLLIS S PRESIDE MAINWARING, JAMES M TREASUR 4120 ELDRIDGE AVENUE 4452 BLACK ALDER CT ORANGE PARK, FL 32073 US JACKSONVILLE, FL 32258 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: JAMES MAINWARING 03/16/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: MARINELLI, JANTONETTE
Address: 165 WELLS RD, STE 301
City-St-Zip: ORANGE PARK, FL 32073 US

Title: TREA

 Name:
 MAINWARING, JAMES M

 Address:
 4452 BLACK ALDER CT

 City-St-Zip:
 JACKSONVILLE, FL 32258 US

Title: SECR

Name: LAIRD, WILLIAM JR

Address: 6622 SOUTHPOINT DRIVE SOUTH, SUITE 496

City-St-Zip: JACKSONVILLE, FL 32216

Title: VP

 Name:
 REYNOLDS, MADELINE M

 Address:
 3651 US HIGHWAY 17

 City-St-Zip:
 ORANGE PARK, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: JAMES MAINWARING TREA 03/16/2011