2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBP)



FILED Aug 13, 2003 8:00 am Secretary of State

08-13-2003 90072 003 ****61.25

DOCUMENT # NO100007219 1. Entity Name CLAY COUNTY SENIOR ADULT ADVOCACY COUNCIL, INC.								
Principal Place of Business	Mailing Address		<u> </u>					
1857 WELLS RD., STE, 232 ORANGE PARK FL 32073	1857 WELLS RD., STE. 232 ORANGE PARK FL 32073		Ì					

ORANGE PARK	(FL 32073	ORANGE PARK FL 32073							
		lo Rd							
Suite, Apt, #, etc. Suite, Apt, #, etc. Suite, Apt, #, etc. Suite, Apt, #, etc.				CHECK HERE IF MAKING CHANGES					
A '	Oranje Park Fl Oranje Park FL			_	4. FEI Number 59-3751734 Applied For Not Applicable				
3207	13 Clay	32073	Country		5. Certificate of St		Sa.75 Add Fee Require	ditional d	
	6. Name and Address of Current F	egistered Agent	0		7. Name and Add	ress of New R	egistered Agent		
FAGAN, RICHARD 1857 WELLS RD., STE. 232 ORANGE PARK FL 32073			Name Fafan Richard Street Address (P.O. Box Number is No. Acceptable) City A Color City A Colo						
	named entity submits this statement for ions of registered agent. Lulaul Registered agent of the statement for ions of registered agent of the statement for registered agent.	dı					FL 332 rida. I am familiar with, DATE	373 and accept	
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Added to Fees Florida Department of State							State		
10.	OFFICERS AND DIRE	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICER	RS AND DIRECTORS IN	10	
TITLE	PD FAGAN, RICHARD	☐ Delete	TITLE	PD CAC	AN RICHA	en .	Change	☐ Addition	
NAME STREET ADDRESS	1857 WELLS RD., STE. 232		NAME STREET ADDRESS	185	AN. RICHA	ed#6	• .		
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP	014	ne Park	FL	32073		
TITLE	VD	☐ Delete	TITLE	10,214	0-1-1-1-1	-	^Change	Addition	
NAME	ALEXANDER, NANCY K		NAME	ļ		.			
STREET ADDRESS CITY-ST-ZIP	3651 HWY 17 ORANGE PARK FL 32003		STREET ADDRESS CITY-ST-ZIP			3 9 44			
TITLE ->~~	SD = Terror at a and	Delete	TITLE			and the state of the	Change	Addition	
NAME	GORDON, PAT		NAME						
STREET ADDRESS	9000 REGENCY SQUARE BLVD.,	STE. 201	STREET ADDRESS				•		
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP				<u> </u>		
TITLE	DIDEC MULIAM D	☐ Delete	TITLE	1			☐ Change	Addition	
NAME STREET ADDRESS	PIPES, WILLIAM B 1728 KINGSLEY AVE., STE. 105		NAME STREET ADDRESS						
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME		Delete	NAME				Onlings		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS	'					
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>		···	*		
12. I hereby of indicated	ertify that the information supplied with the on this report or supplemental report is the partition or the resolver or to stop among the resolver or to stop among the resolver or to stop among the sto	nis filing does not qualify for the and accurate and that my	the exemption sta y signature shall h	ted in Sec	ction 119.07(3)(i), Flo ame legal effect as if	rida Statutes. I made under o	further certify that the in ath; that I am an officer	formation or director	

of the corporation of the receiver of trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____

7/8/03 904-215-8520