2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OF

SIGNATURE: ...

Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # N01000007773 1. Entity Name 02-04-2004 90057 033 ****70.00 CLAY COUNTY COMMUNITY BAND, INC. Principal Place of Business Mailing Address 1972 GREEN APPLE CT. ORANGE PARK FL 32073 1972 GREEN APPLE CT. **ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-3755221 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEINTZINGER, ART Street Address (P.O. Box Number is Not Acceptable) 1972 GREEN APPLE CT. **ORANGE PARK FL 32073** City 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 reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE GILBERT, CLAIRE Addition HEINTZINGER, ART NAME NAME 2327 BILOWOOD OR 1972 GREEN APPLE CT. STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32073 ORANGE PARK FL 3 よょっち CITY-ST-7IP CITY-ST-ZIP VD ☐ Delete TITLE □ Change ■Addition WINDOM, NANCY SHIELDS, BURK NAME NAME BOX 813 MIDDLEBURG FL 7731 ARANCIO DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32244 32050 CITY-ST-ZIP CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change ☐ Addition HALL, ART 2119 WINTERBOURNE W STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition SEATON, DORIS NAME NAME 2507 HOLLY PT RD E STREET ADDRESS STREET ADDRESS ORANGE PK FL 32073 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE LAYTON, JIM NAME NAME 262 EVENTIDE DR. STREET ADDRESS STREET ADDRESS ORANGE PK FL 32003 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete HALL, SUNA NAME NAME 2119 WINTERBOURNE W STREET ADDRESS STREET ADDRESS ORANGE PK FL 32073 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SELRE TAME

FILED

(904)

269-9819

28 JANOH