
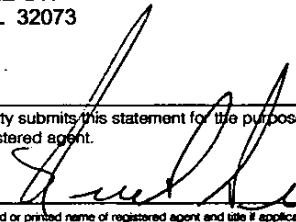



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90140 027 ****70.00

DOCUMENT # N01000007773 1. Entity Name CLAY COUNTY COMMUNITY BAND, INC.						
Principal Place of Business 1972 GREEN APPLE CT. ORANGE PARK, FL 32073			Mailing Address 1972 GREEN APPLE CT. ORANGE PARK, FL 32073			
2. Principal Place of Business 7731 ARANCIO DR. Suite, Apt. #, etc.		3. Mailing Address 7731 ARANCIO DR. Suite, Apt. #, etc.				
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-3755221		
Zip 32244		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HEINTZINGER, ART 1972 GREEN APPLE CT. ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name: BURK SHIELDS Street Address (P.O. Box Number is Not Acceptable): 7731 ARANCIO DR. City: JACKSONVILLE FL Zip Code: 32244			
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: 		DATE: MARCH 1, 2005				
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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: PD NAME: HEINTZINGER, ART STREET ADDRESS: 1972 GREEN APPLE CT. CITY-ST-ZIP: ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete			TITLE: BURK SHIELDS NAME: BURK SHIELDS STREET ADDRESS: 7731 ARANCIO DR. CITY-ST-ZIP: JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: SHIELDS, BURK STREET ADDRESS: 7731 ARANCIO DR CITY-ST-ZIP: JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete			TITLE: MICHAEL J. HIERS NAME: MICHAEL J. HIERS STREET ADDRESS: 220 OAK DRIVE SOUTH CITY-ST-ZIP: GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD NAME: HALL, ART STREET ADDRESS: 2119 WINTERBOURNE W CITY-ST-ZIP: ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete			TITLE: KRISTEN E. NELSON NAME: KRISTEN E. NELSON STREET ADDRESS: 12169 MESA VERDE TRAIL - CITY-ST-ZIP: JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: SEATON, DORIS STREET ADDRESS: 2507 HOLLY PT RD E CITY-ST-ZIP: ORANGE PK, FL 32073	<input checked="" type="checkbox"/> Delete			TITLE: KATHY BROOKS NAME: KATHY BROOKS STREET ADDRESS: 1692 BIG BRANCH RD. CITY-ST-ZIP: MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: CD NAME: LAYTON, JIM STREET ADDRESS: 262 EVENTIDE DR. CITY-ST-ZIP: ORANGE PK, FL 32003	<input type="checkbox"/> Delete			TITLE: : NAME: : STREET ADDRESS: : CITY-ST-ZIP: :	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MD NAME: WINDOM, NANCY STREET ADDRESS: BOX 813 CITY-ST-ZIP: MIDDLEBURG, FL 32050	<input checked="" type="checkbox"/> Delete			TITLE: CLAIRE GILBERT NAME: CLAIRE GILBERT STREET ADDRESS: 2327 BIRDWOOD DR. CITY-ST-ZIP: ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: 		KRISTEN E. NELSON		3/1/05 904-636-0313		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		