


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90103 011 \*\*\*\*70.00

**DOCUMENT # N01000007773**

1. Entity Name  
**CLAY COUNTY COMMUNITY BAND, INC.**



Principal Place of Business  
**7731 ARANCIO DR  
 JACKSONVILLE, FL 32244**

Mailing Address  
**7731 ARANCIO DR  
 JACKSONVILLE, FL 32244**

2. Principal Place of Business - No P.O. Box #  
**2824 Oakland Drive**

3. Mailing Address  
**2824, Oakland Drive**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
**Green Cove Sprins, FL**

City & State  
**Green Cove Springs, FL**

Zip  
**32043**

Country  
**Clay**

Zip  
**32043**

Country  
**Clay**

6. Name and Address of Current Registered Agent  
**SHIELDS, BURK  
 7731 ARANCIO DR  
 JACKSONVILLE, FL 32244**

7. Name and Address of New Registered Agent  
 Name  
**Gene Lopreste**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2824 Oakland Drive**  
 City  
**Green Cove Springs FL** Zip Code  
**32043**

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 Gene Lopreste Jan 30, 2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHIELDS, BURK 7731 ARANCIO DR JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Helen Stephens PO BNox .627 Penny Farms, FL 32079 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIERS, MICHAEL J 220 OAK DRIVE SOUTH GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, KRISTEN E 12169 MESA VERDE TRAIL JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gene Lopreste 2824 Oakland Dr Green Cove Springs, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKS, KATHY 1692 BIG BRANCH RD MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAYTON, JIM 262 EVENTIDE DR. ORANGE PK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GILBERT, CLAIRE 2327 BIRDWOOD DR ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gene Lopreste 1-30-07 904-291-2360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #