

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007773

FILED  
Jan 05, 2008  
Secretary of State

Entity Name: CLAY COUNTY COMMUNITY BAND, INC.

**Current Principal Place of Business:**

2824 OAKLAND DR  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

2824 OAKLAND DR  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

FEI Number: 59-3755221      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOPRESTE, GENE  
2824 OAKLAND DRIVE  
GREEN COVE SPRINGS, FL 32043      US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEPHENS, HELEN  
Address: P.O. BOX 627  
City-St-Zip: PENNEY FARMS, FL 32079

Title: VD ( ) Delete  
Name: HIERS, MICHAEL J  
Address: 220 OAK DRIVE SOUTH  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S ( ) Delete  
Name: LOPRESTE, GENE  
Address: 2824 OAKLAND DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD ( ) Delete  
Name: BROOKS, KATHY  
Address: 1692 BIG BRANCH RD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: CD ( ) Delete  
Name: LAYTON, JIM  
Address: 262 EVENTIDE DR.  
City-St-Zip: ORANGE PK, FL 32003

Title: MD ( ) Delete  
Name: GILBERT, CLAIRE  
Address: 2327 BIRDWOOD DR  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: GILBERT, CLAIRE  
Address: 2327 BIRDWOOD DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GENE LOPRESTE

SD

01/05/2008

Electronic Signature of Signing Officer or Director

Date