

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007773

FILED
Apr 04, 2011
Secretary of State

Entity Name: CLAY COUNTY COMMUNITY BAND, INC.

Current Principal Place of Business:

262 EVENTIDE DRIVE
FLEMING ISLAND, FL 32003

New Principal Place of Business:

Current Mailing Address:

262 EVENTIDE DRIVE
FLEMING ISLAND, FL 32003

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:

LAYTON, JAMES
262 EVENTIDE DRIVE
FLEMING ISLAND, FL 32003 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: PRES
Name: LAYTON, JAMES
Address: 262 EVENTIDE DRIVE
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VP
Name: ROBERTSON, CHARLES P
Address: 1692 BIG BRANCH ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: SECT
Name: OTEY, JEFF
Address: 9645 OLD BAYMEADOWS ROAD APT 937
City-St-Zip: JACKSONVILLE, FL 32256

Title: TREA
Name: ROBERTSON, KATHLEEN
Address: 1692 BIG BRANCH RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: CD
Name: BOYER, WALTER S
Address: 5512 JACKSON AVENUE
City-St-Zip: ORANGE PK, FL 32065

Title: MBR
Name: GILBERT, CLAIRE
Address: 2327 BIRDWOOD DR
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN ROBERTSON

TREA

04/04/2011

Electronic Signature of Signing Officer or Director

Date