

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90227 016 *****70.00

DOCUMENT # N02000003608

1. Entity Name

**CLAY COUNTY SHERIFF'S OFFICE HUMANITARIAN FUND,
INC.**



Principal Place of Business

**901 N ORANGE AVE
GREEN COVE SPRINGS FL 32043**

Mailing Address

**PO BOX 548
GREEN COVE SPRINGS FL 32043-0548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, N. WAYNE
31 FOX VALLEY DR
ORANGE PARK FL 32073**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW: FEE IS \$61.25

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	DP	<input type="checkbox"/> Delete
NAME	MORGAN, JIM	
STREET ADDRESS	901 N ORANGE AVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MESSER, JAMES	
STREET ADDRESS	901 N ORANGE AVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FOGARTY, SUSAN	
STREET ADDRESS	901 N ORANGE AVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JUSTINO, MARY	
STREET ADDRESS	901 N ORANGE AVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, JASON	
STREET ADDRESS	901 N ORANGE AVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKINNON, ETHEL	
STREET ADDRESS	901 N ORANGE AVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-20-03 904-213-6129

CR2E037 (10/02)