

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006027

**FILED**  
**Jul 16, 2004**  
**Secretary of State****Entity Name:** CLAY COUNTY FRIENDS OF YOUTH, INC.**Current Principal Place of Business:**2328 TWEED COURT  
ORANGE PARK, FL 32073**New Principal Place of Business:****Current Mailing Address:**2328 TWEED COURT  
ORANGE PARK, FL 32073**New Mailing Address:****FEI Number:** 06-1642785**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BERLIN, DEWNA  
1120 PARK AVE  
ORANGE PARK, FL 32073 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:** PD ( ) Delete  
**Name:** HEYN, G. ALLAN  
**Address:** 2328 PIRTHSHIRE DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32073**Title:** VD ( ) Delete  
**Name:** KEYWORTH, RICHARD  
**Address:** 424 PIRTHSHIRE DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32073**Title:** STD ( ) Delete  
**Name:** BERLIN, DAWNA  
**Address:** 1666 VILAGE WAY  
**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:** MOORE, CARL  
**Address:** 4157 SAN JUAN AVE  
**City-St-Zip:** JACKSONVILLE, FL 32210**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: G. ALLAN HEYN

PD

07/16/2004

Electronic Signature of Signing Officer or Director

Date