

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006027

FILED  
Feb 21, 2007  
Secretary of State

**Entity Name:** CLAY COUNTY FRIENDS OF YOUTH, INC.

**Current Principal Place of Business:**

443 CLERMONT DR W  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

443 CLERMONT DR W  
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, DAWNA  
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: ROBY, ALVIN  
Address: 443 CLERMONT DR W  
City-St-Zip: ORANGE PARK, FL 32073

Title: VD ( ) Delete  
Name: KIEFER, RICHARD  
Address: 2388 STAFFORD DR  
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: ( ) 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 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: ALVIN ROBY

PD

02/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date