

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006162

FILED
Jan 06, 2004
Secretary of State**Entity Name:** CLAY HOMESCHOOLERS, INC.**Current Principal Place of Business:**4524 CHIPMUNK RD.
MIDDLEBURG, FL 32068**New Principal Place of Business:****Current Mailing Address:**4524 CHIPMUNK RD.
MIDDLEBURG, FL 32068**New Mailing Address:****FEI Number:** 56-2292244**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALBRIGHT, VANESSA
4524 CHIPMUNK RD.
MIDDLEBURG, FL 32068**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: ALBRIGHT, VANESSA
Address: 4524 CHIPMUNK RD.
City-St-Zip: MIDDLEBURG, FL 32068

Title: VD () Delete
Name: HERRICK, MARYBETH
Address: 8096 ALDERMAN RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD () Delete
Name: COLEMAN, CAM
Address: 1322 RUSHING DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,ED (X) Change () Addition
Name: ALBRIGHT, VANESSA
Address: 4524 CHIPMUNK RD.
City-St-Zip: MIDDLEBURG, FL 32068

Title: V,D (X) Change () Addition
Name: WASHINGTON, JACKIE
Address: 308 LEGACY DR.
City-St-Zip: ORANGE PARK, FL 32073

Title: T,D (X) Change () Addition
Name: BOYETTE, ANNA
Address: 2790 FRONTIER AVE
City-St-Zip: ORANGE PARK, FL 32065

Title: D,AS () Change (X) Addition
Name: TALPAS, EMILY
Address: 2013 RIVERGATE DR
City-St-Zip: ORANGE PARK, FL 32003

Title: D,S () Change (X) Addition
Name: DENTISTE, SOPHIA
Address: 2260 ELDERBERRY CT
City-St-Zip: ORANGE PARK, FL 32073

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: VANESSA ALBRIGHT

P,ED

01/06/2004

Electronic Signature of Signing Officer or Director

Date