

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90045 042 \*\*\*\*61.25

40000509



<b>DOCUMENT # N02000006162</b> 1. Entity Name <b>CLAY HOMESCHOOLERS, INC.</b>					
Principal Place of Business 4524 CHIPMUNK RD. MIDDLEBURG, FL 32068			Mailing Address 4524 CHIPMUNK RD. MIDDLEBURG, FL 32068		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALBRIGHT, VANESSA 4524 CHIPMUNK RD. MIDDLEBURG, FL 32068			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 <u>Vanessa Albright</u> <span style="float: right;">1/6/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <span style="float: right;">DATE</span>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P,ED <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBRIGHT, VANESSA		NAME		
STREET ADDRESS	4524 CHIPMUNK RD.		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	V,D <input checked="" type="checkbox"/> Delete		TITLE	V/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WASHINGTON, JACKIE		NAME	Angie Matthews	
STREET ADDRESS	308 LEGACY DR.		STREET ADDRESS	4586 Santa Clara Ave.	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	T,D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYETTE, ANNA		NAME		
STREET ADDRESS	2790 FRONTIER AVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE	D,AS <input type="checkbox"/> Delete		TITLE	T/AS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALPAS, EMILY		NAME	Talpas Emily	
STREET ADDRESS	2013 RIVERGATE DR		STREET ADDRESS	2013 Rivergate Dr.	
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	D,S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENTISTE, SOPHIA		NAME		
STREET ADDRESS	2260 ELDERBERRY CT		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Vanessa Albright</u> <span style="float: right;">1/6/05 (904) 282-6993</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">Date Daytime Phone #</span>					