2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000006162

1. Entity Name
CLAY HOMESCHOOLERS, INC.

Principal Place of Business	Mailing Address
4524 CHIPMUNK RD. MIDDLEBURG, FL 32068	4524 CHIPMUNK RD. MIDDLEBURG, FL 32068

01212006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
56-2292244

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBRIGHT, VANESSA
4524 CHIPMUNK RD.
MIDDLEBURG, FL 32068

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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: Vanessa Albright 1/20/06
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P,ED
NAME	ALBRIGHT, VANESSA
STREET ADDRESS	4524 CHIPMUNK RD.
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	TASD
NAME	TALPAS, EMILY
STREET ADDRESS	2013 RIVERGATE DR
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	VSD
NAME	MATTHEWS, ANGIE
STREET ADDRESS	4585 SANTA CLARA AVE
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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060202/05-80044-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Vanessa Albright 1/20/06 9042826993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #