

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006162

FILED
Apr 29, 2011
Secretary of State

Entity Name: CLAY HOMESCHOOLERS, INC.

Current Principal Place of Business:

SHARI SLEEPER
4631 SHERMAN HILLS PKWY
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

SHARI SLEEPER
4631 SHERMAN HILLS PKWY
JACKSONVILLE, FL 32210

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:

SLEEPER, SHARI
4631 SHERMAN HILLS PKWY
JACKSONVILLE, FL 32210 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: D
Name: ALBRIGHT, VANESSA
Address: 4524 CHIPMUNK RD.
City-St-Zip: MIDDLEBURG, FL 32068

Title: VD
Name: BOYETTE, ANNA
Address: 2790 FRONTIER AVENUE
City-St-Zip: ORANGE PARK, FL 32065

Title: D
Name: COLEMAN, MARILYN
Address: 1322 RUSHING DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: PD
Name: INTRIAGO, LAURIE
Address: 670 SUNNY STROLL DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD
Name: SLEEPER, SHARI
Address: 4631 SHERMAN HILLS PKWY
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: SHARI SLEEPER

TD

04/29/2011

Electronic Signature of Signing Officer or Director

Date