

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 03, 2011
Secretary of State

DOCUMENT# N02000006162

Entity Name: CLAY HOMESCHOOLERS, INC.**Current Principal Place of Business:**SHARI SLEEPER
4631 SHERMAN HILLS PKWY
JACKSONVILLE, FL 32210**New Principal Place of Business:**421 AQUARIUS CONCOURSE
ORANGE PARK, FL 32073**Current Mailing Address:**SHARI SLEEPER
4631 SHERMAN HILLS PKWY
JACKSONVILLE, FL 32210**New Mailing Address:**421 AQUARIUS CONCOURSE
ORANGE PARK, FL 32073**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:**NOLAN, TIM
421 AQUARIUS CONCOURSE
ORANGE PARK, FL 32073 US

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: TIM NOLAN

08/03/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PD
Name: NOLAN, TIM
Address: 421 AQUARIUS CONCOURSE
City-St-Zip: ORANGE PARK, FL 32073**Title:** VD
Name: ALBRIGHT, MARK
Address: 4524 CHIPMUNK RD.
City-St-Zip: MIDDLEBURG, FL 32068**Title:** TD
Name: COLEMAN, CAM
Address: 1322 RUSHING DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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: TIM NOLAN

PD

08/03/2011

Electronic Signature of Signing Officer or Director_____
Date