


6025

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008921 1. Entity Name CLAY COUNTY COMMUNITY MENTORING AND FAITH BASED ORGANIZATION, INC.	
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Principal Place of Business 2666 SHANNON ST ORANGE PARK, FL 32065	Mailing Address 2666 SHANNON ST ORANGE PARK, FL 32065
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DO NOT WRITE IN THIS SPACE

FILED

04 JUL 14 PM 1:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07142004 No Chg-NP

CR2E037 (10/03)

MRB

4. FEI Number 61-1440066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAW-PAIGE, BRENDA
2666 SHANNON ST
ORANGE PARK, FL 32065**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW-PAIGE, BRENDA 2666 SHANNON ST ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, JACQUELINE 7919 DWYER ST JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAIGE, ROOSEVELT 2666 SHANNON ST ORANGE PARK, FL 32065
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *[Signature]* **7/14/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #