

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008921

1. Entity Name
CLAY COUNTY COMMUNITY MENTORING AND FAITH
BASED ORGANIZATION, INC.



Principal Place of Business
2666 SHANNON ST
ORANGE PARK, FL 32065

Mailing Address
2666 SHANNON ST
ORANGE PARK, FL 32065

61-25

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082005

Chg-NP

CR2E037 (10/03)

4. FEI Number
61-1440066

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SHAW-PAIGE, BRENDA
STREET ADDRESS 2666 SHANNON ST
CITY-ST-ZIP ORANGE PARK, FL 32065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME CLARK, JACQUELINE
STREET ADDRESS 7919 DWYER ST
CITY-ST-ZIP JACKSONVILLE, FL 32244 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000049077620
03/24/05--01005--016 **122.50

TITLE TD
NAME PAIGE, ROOSEVELT
STREET ADDRESS 2666 SHANNON ST
CITY-ST-ZIP ORANGE PARK, FL 32065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Brenda Shaw-Paige
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 MAR -8 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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