

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90003 019 \*\*\*\*61.25

**DOCUMENT # N02000009313**

1. Entity Name

**CITIZENS FOR QUALITY CLAY COUNTY SCHOOLS,  
INC.**



Principal Place of Business

**4120 ELDRIDGE AVE  
ORNA PARK FL 32073**

Mailing Address

**4120 ELDRIDGE AVE  
ORNA PARK FL 32073**

**J4U76004**



**MOORE CR2E037 (4/04)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**56-2315206**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ECKERT, W. KELSEA  
4120 ELDRIDGE AVE  
ORNA PARK FL 32073**

7. Name and Address of New Registered Agent

Name **Robert M. Bradley, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**1279 Kingsley Avenue Suite 118**

City **Orange Park**

**FL**

Zip Code **32607**

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 reinstating)

DATE

**9/7/04**

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

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

TITLE **D** ☐ Delete  
NAME **VANCAS, PHYLLIS**  
STREET ADDRESS **4120 ELDRIDGE AVE**  
CITY-ST-ZIP **ORNA PARK FL 32073**

TITLE **D** ☐ Delete  
NAME **ROYAL, VAN**  
STREET ADDRESS **3616 MAGNOLIA POINT BLVD**  
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** ☒ Delete  
NAME **HOBBS, JAN**  
STREET ADDRESS **1863-WELLS ROAD #54**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ Delete  
NAME **KOPOLOUSOS, JOHN**  
STREET ADDRESS **1279 KINGSLEY AVE**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☒ Delete  
NAME **VOYLES, LEANNE**  
STREET ADDRESS **653 NELSON DR**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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

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

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: **Phyllis A. Vancas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-7-04 904-278-6693**

Date

Daytime Phone #