

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90110 011 ****61.25

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1. Entity Name
**CLAY CHILD ADVOCATE AND CUSTODY EVALUATORS,
INC.**



Principal Place of Business
**117 WESLEY ROAD
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**4315 PABLO OAKS COURT
JACKSONVILLE, FL 32224**

DO NOT WRITE IN THIS SPACE



02022006 No Chg-NP CR2E037 (11/05)

4. FEI Number
86-1107885

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLM, MALLORY G P.A.
4315 PABLO OAKS COURT
JACKSONVILLE, FL 32224**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIDDERMAN, MARY BETH
117 WESLEY ROAD
GREEN COVE SPRINGS, FL 32043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOCKETT, CYNTHIA H
1567 SCOTTRIDGE LANE
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARNOLD, ROSEMARY
143 SOUTHERLY LANE
ORANGE PARK, FL 32003**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Cynthia H. Hockett* *Cynthia H. Hockett*

2/14/06 *(904) 614-5644*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #