2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N04000003017

Entity Name: CLAY CHILD ADVOCATE AND CUSTODY EVALUATORS, INC.

Current Principal Place of Business:

117 WESLEY ROAD
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

143 SOUTHERLY LANE
ORANGE PARK, FL 32203

Current Mailing Address:

4315 PABLO OAKS COURT
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 86-1107885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RIDDERMAN, MARY BETH
Address: 117 WESLEY ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete
Name: HOCKETT, CYNTHIA H
Address: 1567 SCOTTRIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Delete
Name: ARNOLD, ROSEMARY
Address: 143 SOUTHERLY LANE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ARNOLD, ROSEMARY
Address: 143 SOUTHERLY LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: S/T (X) Change ( ) Addition
Name: HOCKETT, CYNTHIA H
Address: 1567 SCOTTRIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA HOCKETT SECR 04/15/2009

Electronic Signature of Signing Officer or Director — Date