2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

CITY-ST-ZIP

SIGNATURE:

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # N04000006544 1. Entity Name 03-27-2006 90260 028 ****61.25 CLAY COUNTY SPORTS COMPLEX, INC. Principal Place of Business Mailing Address 2410 WASHINGTON ST. ORANGE PARK FL 32073 2410 WASHINGTON ST. **ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 51-8514745 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCISCO, GEORGE M Street Address (P.O. Box Number is Not Acceptable) 2410 WASHINGTON ST. **ORANGE PARK FL 32073** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, of both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRANCISCO, GEORGE M NAME NAME 2410 WASHINGTON ST. STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-SI-ZIP CITY-ST-7(P TITLE ☐ Detete TITLE Change ☐ Addition WIGGINS, JOSEPH B NAME NAME 2410 WASHINGTON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073 CITY-ST-7IP Addition TITLE ☐ Change TITLE FRANDSEN, NEIL E NAME STREET ADDRESS 2410 WASHINGTON ST. STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete ШТЕ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

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