

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006861

FILED
Apr 30, 2008
Secretary of State

Entity Name: CLAY COUNTY VICTIM SERVICES CENTER, INC.

Current Principal Place of Business:

1403 IDLEWILD AVENUE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 926
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 83-0459460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, ESTHER D
1329 KINGSLEY AVENUE
SUITE D
ORANGE PARK, FL 32073 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: P () Delete
Name: SIMPSON, JANIE
Address: 1887 OSPREY BLUFF BLVD.
City-St-Zip: ORANGE PARK, FL 32003

Title: VP (X) Delete
Name: POWELL, KATHY
Address: P.O. BOX 926
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SECR () Delete
Name: JAFFE, ERIC
Address: 512 KINGSLEY AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: TRS () Delete
Name: NICHOLS, ESTHER D
Address: 1329 KINGSLEY AVE, STE D
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SECR (X) Change () Addition
Name: JAFFE, ERIC
Address: 1512 BROOKSTONE DR
City-St-Zip: ORANGE PARK, FL 32003

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: ESTHER D NICHOLS

T

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date