

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006861

FILED
Apr 10, 2009
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: SECR () Delete
Name: JAFFE, ERIC
Address: 1512 BROOKSTONE DR
City-St-Zip: ORANGE PARK, FL 32003

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP () Change (X) Addition
Name: GALNOR, DARCY
Address: 201 N HOGAN ST, STE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: BM () Change (X) Addition
Name: MCCALL, DAVID
Address: 1825 DENMARK DR
City-St-Zip: ORANGE PARK, FL 32003

Title: BM () Change (X) Addition
Name: KALLAHER, JIM
Address: 4711 US HWY 17
City-St-Zip: ORANGE PARK, FL 32003

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, CPA

TRS

04/10/2009

Electronic Signature of Signing Officer or Director

Date