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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N06353 (9)**

1. Corporation Name

**CLAY COUNTY CATTLEMEN'S ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**C/O DALE S. WILSON  
P O BO X1808  
GREEN COVE SPRINGS FL 32043**

**C/O DALE S. WILSON  
P O BO X1808  
GREEN COVE SPRINGS FL 32043**

3. Date Incorporated or Qualified  
**11/28/1984**

3a. Date of Last Report  
**02/21/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, DALE S.  
718 ORANGE AVENUE  
GREEN COVE SPRINGS FL 32043**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

**1-30-97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **PARRISH, WILLIAM**  
CITY-ST-ZIP **6235 COUNTY ROAD 218  
JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **V**  
STREET ADDRESS **KEENE, JOHN**  
CITY-ST-ZIP **1833 LAKESHORE DR N  
ORANGE PARK FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **Vice-President**  
2.3 STREET ADDRESS **Jonathan Rogers**  
2.4 CITY-ST-ZIP **5302 Sharron Road  
Green Cove Springs FL 32043**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **GODBOLD, JESSE**  
CITY-ST-ZIP **205 PARK STREET  
GREEN COVE SPRGS. FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **POST, JOAN**  
CITY-ST-ZIP **P O BOX 1225 N/A  
GREEN COVE SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WILKINSON, JOHN G. S. S.**  
CITY-ST-ZIP **6002 JOHN WILKINSON ROAD  
BALDWIN FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PADGETT, RANDOLPH**  
CITY-ST-ZIP **4441 WEEKS ROAD  
GREEN COVE SPRINGS FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JESSE GODBOLD**

**1-28-97 904-284-9426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072207

CR2E037 (9/96)