

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007792

FILED  
Apr 08, 2012  
Secretary of State

Entity Name: ALPHA CLAY PEARLS, INC.

## Current Principal Place of Business:

4954 RHODE ISLAND DRIVE NORTH  
JACKSONNVILLE, FL 32209

## New Principal Place of Business:

12277 SUMTER SQ. DR. EAST  
JACKSONNVILLE, FL 32218

## Current Mailing Address:

4954 RHODE ISLAND DRIVE NORTH  
JACKSONNVILLE, FL 32209

## New Mailing Address:

12277 SUMTER SQ. DR. EAST  
JACKSONNVILLE, FL 32218

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURCH, INGRID A  
1227 SUMTER SQUARE DRIVE EAST  
JACKSONNVILLE, FL 32218 US

## Name and Address of New Registered Agent:

COLEMAN, BARBARA  
577 GOLDEN LINKS DRIVE  
ORANGE PARK, FL 32073 US

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: BARBARA COLEMAN

04/08/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: BURCH, INGRID  
Address: 12277 SUMTER SQ. DR. EAST  
City-St-Zip: JACKSONNVILLE, FL 32218

Title: DP  
Name: BAILEY, DEVONDA  
Address: 12277 SUMTER SQ. DR. EAST  
City-St-Zip: JACKSONNVILLE, FL 32218

Title: DST  
Name: HARLEY, NINA  
Address: 12277 SUMTER SQ DR. EAST  
City-St-Zip: JACKSONNVILLE, FL 32218

Title: D  
Name: HICKS-HARLEY, PATRICIA  
Address: 12277 SUMTER SQ. DR. EAST  
City-St-Zip: JACKSONNVILLE, FL 32218

Title: D  
Name: COLEMAN, BARBARA  
Address: 12277 SUMTER SQ. DR. EAST  
City-St-Zip: JACKSONNVILLE, FL 32218

Title: D  
Name: YOUNG, ELIZABETH  
Address: 12277 SUMTER SQ. DR. EAST  
City-St-Zip: JACKSONNVILLE, FL 32218

I hereby 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 all other like empowered.

SIGNATURE: BARBARA COLEMAN

RA

04/08/2012

Electronic Signature of Signing Officer or Director

Date