2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N08000010066

Entity Name: CLAY COUNTY SHERIFF'S DEPUTIES HUMANITARIAN FUND, INC.

Current Principal Place of Business:

901 N. ORANGE AVE.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 548
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 26-1880846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARION U. WEHNER, EA, LLC
515 COLLEGE DR.
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

MARION U. WEHNER, EA, LLC
515 COLLEGE DR.
MIDDLEBURG, FL 32068 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: MARION U WEHNER, EA 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JUSTINO, MARY
Address: 901 N. ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD ( ) Delete
Name: GADEN, MEL
Address: 901 N. ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD ( ) Delete
Name: FOGARTY, SUSAN
Address: 901 N. ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD ( ) Delete
Name: FOSTER, BRENDA
Address: 901 N. ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete
Name: HOWARD, DENISE
Address: 901 N. ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete
Name: DEESE, JIMMY
Address: 901 N. ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

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

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: MARY JUSTINO PD 04/27/2009
Electronic Signature of Signing Officer or Director Date