# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 19, 2011**
**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.
MIDDLEBURG, FL 32068 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: PD
Name: JUSTINO, MARY
Address: 901 N. ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

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

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

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

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

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: SUSAN FOGARTY TD 05/19/2011
Electronic Signature of Signing Officer or Director Date