


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N15789
 1. Entity Name
ART ENRICHMENT PROGRAM OF CLAY COUNTY, INC.



Principal Place of Business Mailing Address
240 DEERWOOD CIRCLE **240 DEERWOOD CIRCLE**
MIDDLEBURG, FL 32068 **MIDDLEBURG, FL 32068**

DO NOT WRITE IN THIS SPACE



03182007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-2775842 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GRANT, WILLIAM H. III
1730 KINGSLEY AVE. STE A
ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000706777
 04/24/07-80048-008 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENDA, VALERIE L. 240 DEERWOOD CIRCLE MIDDLEBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, JANE 2042 SUSSEX DR. S. ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVINGER, MARTHA P. 307 FROG HOLLOW RD. ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Valerie L. Benda* **Valerie L. Benda** *4/9/07* *904-213-2916*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #