

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15789

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** ART ENRICHMENT PROGRAM OF CLAY COUNTY, INC.

**Current Principal Place of Business:**

2752 MOODY AVENUE LAKESIDE ELEMENTARY  
ROOM 43  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2752 MOODY AVENUE LAKESIDE ELEMENTARY  
ROOM 43  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 59-2775842      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRANT, WILLIAM H. III  
1730 KINGSLEY AVE. STE A  
ORANGE PARK, FL 32073      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:** DP  
**Name:** BUTLER, LORRAINE  
**Address:** 2752 MOODY AVENUE LAKESIDE ELEMENTARY  
**City-St-Zip:** ORANGE PARK, FL 32073

**Title:** D  
**Name:** PATE, HEIDI  
**Address:** 117 PARKSIDE AVENUE  
**City-St-Zip:** ORANGE PARK, FL 32065

**Title:** D  
**Name:** RUCKERSFELDT, DANA  
**Address:** 2331 STONEBRIDGE DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32065

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: LORRAINE BUTLER

DP

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date