FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 29 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18750 (2)

1. Corporation Name
CLAY COUNTY FOOD BANK, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1642 ORANGE PARK FL 32067-0642	P.O. BOX 1642 ORANGE PARK FL 32067-0642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1986
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-2734458 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) County (30)

9. Name and Address of Current Registered Agent

SALAZAR, PAVL C
5756 KNOLLWOOD RD
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name: Salazar, Paul C.
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	SALAZAR, BOBBIE	12 NAME		
STREET ADDRESS	5756 KNOLLWOOD RD.	13 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPGS FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BRAY, DALTON	22 NAME		
STREET ADDRESS	906 HIGHWAY 17	23 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPGS. FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	WRIGHTINGTON, JENNIE	32 NAME		
STREET ADDRESS	4166 BECKY DR	33 STREET ADDRESS	Jennie Wrightington is now deceased	
CITY-ST-ZIP	MIDDLEBURG FL	34 CITY-ST-ZIP		
TITLE	DP	41 TITLE		☐ Change ☐ Addition
NAME	SALAZAR, PAUL	42 NAME		
STREET ADDRESS	5756 KNOLLWOOD RD.	43 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPGS. FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	ALFSON, JOHN	52 NAME		
STREET ADDRESS	1795 OLIVE COURT	53 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Barbara Darnell	
STREET ADDRESS		63 STREET ADDRESS	294 College Drive	
CITY-ST-ZIP		64 CITY-ST-ZIP	Orange Park, FL. 32065	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Alfson John Alfson June 3, 1995 (904) 264-6102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023401