

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N18750

(2)

1. Corporation Name

CLAY COUNTY FOOD BANK, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1642
ORANGE PARK FL 32067-8642

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ORANGE PARK FL 32067-8642

3. Date incorporated or Qualified

11/07/1986

3a. Date of Last Report

06/29/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALAZAR, PAUL C
5756 KNOLLWOOD RD
GREEN COVE SPRINGS FL 32043**

81 Name

Darnell, Barbara

82 Street Address (P.O. Box Number is Not Acceptable)

**298 College Dr
ORANGE PARK**

83

84 City

FL

85 Zip Code

32065

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Barbara E. Darnell**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-6-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **SALAZAR, BOBBIE**
CITY-ST-ZIP **5756 KNOLLWOOD RD.
GREEN COVE SPGS FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **BRAY, DALTON**
CITY-ST-ZIP **906 HIGHWAY 17
GREEN COVE SPGS. FL**

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **SALAZAR, PAUL**
CITY-ST-ZIP **5756 KNOLLWOOD RD.
GREEN COVE SPGS. FL**

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **ALFSON, JOHN**
CITY-ST-ZIP **1795 OLIVE COURT
ORANGE PARK FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **DARNELL, BARBARA**
CITY-ST-ZIP **298 COLLEGE DR
ORANGE PARK FL**

TITLE ☐ DELETE

NAME **3/13/96 92221-036 \$70.00**
STREET ADDRESS **\$ dep by Bank**
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D. Margaret Herndon**
1.3 STREET ADDRESS **2441 Stonebridge Dr**
1.4 CITY-ST-ZIP **Orange Park, FL.**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **John Alfson is Now Removed**
4.3 STREET ADDRESS **from the Office.**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **J.C. Herndon**
6.3 STREET ADDRESS **2441 Stonebridge Dr.**
6.4 CITY-ST-ZIP **Orange Park, FL.**

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)(k), 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: **J.C. Herndon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 1996 (904) 272-9508

DATE

DAY/PHONE #

CR2E037 (12/95)