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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

P.O. BOX 1445  
MIDDLEBURG FL 32068

Mailing Address

P.O. BOX 1445  
MIDDLEBURG FL 32060-1445



3. Date Incorporated or Qualified  
11/07/1986

3a. Date of Last Report  
06/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARNELL, BARBARA  
298 COLLEGE DR  
ORANGE PARK FL 32065

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 SPQS FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D  
STREET ADDRESS HERNDON, MARGARET  
CITY-ST-ZIP 2441 STONEBRIDGE  
ORANGE PARK FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME T  
STREET ADDRESS HERNDON, J.C.  
CITY-ST-ZIP 2441 STONEBRIDGE DR  
ORANGE PARK FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.3 STREET ADDRESS

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)