


FILE NOW: FILING FEE IS \$61.25

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May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18750** (2)  
1. Corporation Name  
**CLAY COUNTY FOOD BANK, INC.**



Principal Place of Business <b>P.O. BOX 1445 MIDDLEBURG FL 32068</b>	Mailing Address <b>P.O. BOX 1445 MIDDLEBURG FL 32068</b>
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3. Date Incorporated or Qualified <b>11/07/1986</b>
4. FEI Number <b>59-2734458</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>852 Warner Rd.</b> Suite, Apt. #, etc.	2a. Mailing Address 25 <b>852 Warner Rd.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Green Cove Sp. Fl.</b>	26 City & State 27 <b>Green Cove Sp. Fl.</b>
24 Zip <b>32043</b> Country <b>USA</b>	28 Zip <b>32043</b> Country <b>USA</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**DARNELL, BARBARA**  
**298 COLLEGE DR**  
**ORANGE PARK FL 32065**

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name <b>Beth Ann Salazar</b>
	82 Street Address (P.O. Box Number is Not Acceptable) <b>852 Warner Rd.</b>
	83
	84 City <b>Green Cove Springs</b> FL 85 Zip Code <b>32043</b>

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 **Beth Ann Salazar** **Beth Ann Salazar** **4-18-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SALAZAR, BOBBIE</b>
STREET ADDRESS	<b>5756 KNOLLWOOD RD.</b>
CITY-ST-ZIP	<b>GREEN COVE SPGS FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D BRAY, DALTON</b>
STREET ADDRESS	<b>906 HIGHWAY 17</b>
CITY-ST-ZIP	<b>GREEN COVE SPGS. FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DP SALAZAR, PAUL</b>
STREET ADDRESS	<b>5756 KNOLLWOOD RD.</b>
CITY-ST-ZIP	<b>GREEN COVE SPGS. FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HERNDON, MARGARET</b>
STREET ADDRESS	<b>2441 STONEBRIDGE</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D DARNELL, BARBARA</b>
STREET ADDRESS	<b>298 COLLEGE DR</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T HERNDON, J.C.</b>
STREET ADDRESS	<b>2441 STONEBRIDGE DR</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>S-D Beth Ann Salazar</b>
1.3 STREET ADDRESS	<b>852 Warner Rd.</b>
1.4 CITY-ST-ZIP	<b>Green Cove Spgs. Fl. 32043</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D Lucy Chesser</b>
2.3 STREET ADDRESS	<b>3887 Chesser Rd.</b>
2.4 CITY-ST-ZIP	<b>Green Cove Spgs. Fl. 32043</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D Daniel Gillyard</b>
3.3 STREET ADDRESS	<b>3925 Everington Rd.</b>
3.4 CITY-ST-ZIP	<b>Green Cove Springs Fl. 32043</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>P Lou Ann McElvain</b>
4.3 STREET ADDRESS	<b>504 Durham Place</b>
4.4 CITY-ST-ZIP	<b>Green Cove Springs Fl 32043</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D Chuck Wriehington</b>
5.3 STREET ADDRESS	<b>1690 Long Horn Rd.</b>
5.4 CITY-ST-ZIP	<b>Middleburg Fl. 32068</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D John A. Thompson</b>
6.3 STREET ADDRESS	<b>P.O. Box 1230</b>
6.4 CITY-ST-ZIP	<b>Middleburg, Fl. 32050</b>

14. I 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.

SIGNATURE: **Beth Ann Salazar** **Beth Ann Salazar** **April 18, 1998**

CR2E037 (1097)

Additions to Block 13

D

Josephine Thompson  
P.O. Box 1230 NA  
Middleburg . Fl. 32050