FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N18750 1. Corporation Name

CLAY COUNTY FOOD BANK, INC.

Principal Place of Business

852 WARNER RD

GREEM COVE SPGS FL 32043

Mailing Address

852 WARNER RD

GREEN COVE SPG FL 32043

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90079 030 ****61.25

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2. Principal Pl	al Place of Business HS. High Jan D QUE. 26				3. Date Incorporated or Qualifed 11/07/1986			
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		plied For	
22	· · · · · · · · · · · · · · · · · · ·	27	التحا	,	59-2734458	No	t Applicable "	
City & State City & State City & State City & State					5. Certificate of Status Desired			
Zip Country Zip Cou					6. Election Campaign Financing 55.00 May Be			
a ペンの	43 [25] USA	29 30			Trust Fund Contribution	1 1	to Fees	
	9. Name and Address of Current Re			10. Name and Address of New Registered Agent				
				81 Name				
SALAZAR, BETH A				82 Street Address (P.O. Box Number is Not Acceptable)				
				Ou de Calada Addition to Hot Acceptable)				
852 WARNER ROAD				83				
GREEN COVE SPGS FL 32043				84 City 85 Zip Code				
			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 agendance	i title if applicable. (NOTE: Reg.	istered Agen	signature required	when reinstating)	DATE		
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO		
TITLE	D	☐ DELETE	1.1 TITLE	T	+ 1)	Change	Addition	
NAME	SALAZAR, BOBBIE		1.2 NAME	l La	WAN MEElvain		\ \	
STREET ADDRESS			1.3 STREET		a kou los ram pao			
CITY-ST-ZIP	0.00 (1.00 1.0.		1.4 CITY-S1	-zip G	Green CoveSprings Pl. 32043			
TITLE			2.1 TITLE	Q.		☐ Change	Addition	
NAME	SALAZAR, BETH A		2.2 NAME	اذر	by Chesser o		1	
STREET ADDRESS	· ·			ADDRESS 3	DRESS 3887 Chesser Kd.			
CITY-ST-ZIP				Green-Cove Springs, Pl. 32043.				
TITLE			3.1 TITLE		<u> </u>	☐ Change	Addition	
NAME			3.2 NAME	135	Josephine Thompson			
STREET ADDRESS	OND DAIL, 1700C			ADDRESS P	nnosee O A /L X 1 2 2 5 5			
CITY-ST-ZIP	GREEN COVE SPGS. FL	ţ	3.4. CITY-S	7-ZiP V	middleburg, Al. 32	020		
TITLE	D	☐ DELETE	4.1 TITLE	Y)	. Change	Addition	
NAME	HERNDON, MARGARET		4. 2 NAME	1.5	ohn Thompson			
STREET ADDRESS	2441 STONEBRIDGE		4.3 STREET	ADDRESS A	クベース・ハークス・・・・	20		
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST	٠, ١	middleborg. Pl.	. 32050		
TITLE	D	DELETE	5.1 TITLE	- W	laniel Gillyaco	_ Change	Addition	
NAME	DARNELL, BARBARA	^ 1	5.2 NAME		3925 Evering ton	rd	,)	
STREET ADDRESS	298 COLLEGE DR		5.3 STREET	ADDRESS	703 004 113 100 1	-(2 3	ا بر	
CITY-ST-ZIP	ORANGE PARK FL		5.4 CITY-S1	-ZIP	rean Lose Sorine	s. F1. 320	43	
TITLE	T	☐ DELETE	6.1 TITLE	ă		Change	☐ Addition	
NAME	HERNDON, J.C.		6.2 NAME	Ha	rnoon, J.C.			
STREET ADDRESS	2441 STONEBRIDGE DR	ļ	6.3 STREET	ADDRESS	1415trappridge	or _		
CITY-ST-ZIP	ORANGE PARK FL	ì	6.4 CITY-S1	r-ZIP	Drange Park, Kl. 3	3073		

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, with all other like empowered.

SIGNATURE: