

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18750

FILED
Apr 10, 2006
Secretary of State

Entity Name: CLAY COUNTY FOOD BANK, INC.

Current Principal Place of Business:

504 S. HIGHLAND AVE
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

852 WARNER RD
GREEN COVE SPG, FL 32043 US

New Mailing Address:

FEI Number: 59-2734458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAZAR, BETH A
852 WARNER ROAD
GREEN COVE SPGS, FL 32043 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALAZAR, BOBBIE,
Address: 852-1 WARNER ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD () Delete
Name: SALAZAR, BETH A
Address: 852 WARNER RD
City-St-Zip: GREEN COVE SPGS, FL 32043

Title: DP () Delete
Name: SALAZAR, PAUL,
Address: 852-1 WARNER ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD () Delete
Name: MCELVAIN, LOU ANN
Address: 504 DURHAM PLACE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH A. SALAZAR

SD

04/10/2006

Electronic Signature of Signing Officer or Director

Date