

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90044 008 ****61.25

DOCUMENT # N18750

1. Entity Name

CLAY COUNTY FOOD BANK, INC.



Principal Place of Business

504 S. HIGHLAND AVE
GREEN COVE SPRINGS FL 32043
US

Mailing Address

852 WARNER RD
GREEN COVE SPG FL 32043
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2734458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name PAUL C. SALAZAR

Street Address (P.O. Box Number is Not Acceptable)
852-1 WARNER ROAD

City GREEN COVE SPGS

FL

Zip Code 32043

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature] DP PAUL C. SALAZAR [Signature] DP 3-5-08

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

(NOTE: Registered Agent signature is required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SALAZAR, BOBBIE
STREET ADDRESS 852-1 WARNER ROAD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE SD ☒ Delete
NAME SALAZAR, BETH A
STREET ADDRESS 852 WARNER RD
CITY-ST-ZIP GREEN COVE SPGS FL 32043

TITLE DP ☐ Delete
NAME SALAZAR, PAUL
STREET ADDRESS 852-1 WARNER ROAD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE TD ☒ Delete
NAME MCELVAIN, LOU ANN
STREET ADDRESS 504 DURHAM PLACE
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] PAUL C. SALAZAR

3-5-08 904 529-0091