


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # N23915</b><br>1. Entity Name<br>JOHN HALL CHARITIES OF CLAY COUNTY, INC. |  |
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| Principal Place of Business<br>425 ORANGE AVENUE<br>GREEN COVE SPRINGS, FL 32043 | Mailing Address<br>P O BOX 395<br>GREEN COVE SPRINGS, FL 32043 US |
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04132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br>59-2885109                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>HALL, VIRGINIA<br>1834 SHOAL CREEK CIRCLE<br>GREEN COVE SPRINGS, FL 32043 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HALL, VIRGINIA<br>1834 SHOAL CREEK CIR<br>GREEN COVE SPRINGS, FL 32043 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>SCHMITZER, CINDY<br>504 WYNFIELD CIR<br>ORANGE PARK, FL 32073         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HARTWIG, JENNIFER<br>3171 RIVER RD N<br>GREEN COVE SPRINGS, FL 32043    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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| 000000712416<br>04/26/07-80045-015 61.25<br><br><b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Virginia S. Hall Virginia S. Hall 4-13-07 904 284-2560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #