

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90018 007 \*\*\*\*61.25

**DOCUMENT # N37132** ✓

1. Corporation Name

**CLAY COUNTY CONSOLIDATED CHILDREN'S CHARITIES, I  
NC.**

Principal Place of Business

2510 RIVER PLACE  
ORANGE PARK FL 32073

Mailing Address

1008 LORINE AVE  
SUITE 6  
ORANGE PARK FL 32073



2. Principal Place of Business

1 **236 INDUSTRIAL LOOP**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **236 INDUSTRIAL LOOP**  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**03/14/1990**

4. FEI Number

**APPLIED FOR 57-3538247**

Applied For

Not Applicable

City & State

3 **ORANGE PARK FLORIDA**

City & State

28 **ORANGE PARK FLORIDA**

Zip Country

4 **32073** 25

Zip Country

29 **32073** 30

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**MCLEAN, TOM  
3899 VALENCIA ROAD  
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	DUNCAN, STEVE	775 CREIGHTON ROAD	ORANGE PARK FL 32073	<input type="checkbox"/>
VPD	DUNCAN, ROBERT S III	1926 MILLER STREET	ORANGE PARK FL 32073	<input type="checkbox"/>
SD	GOLDER, LINDA	351 CROSSING BLVD.	ORANGE PARK FL 32073	<input type="checkbox"/>
DT	MCLEAN, TOM	3899 VALENCIA ROAD	JACKSONVILLE FL 32050	<input type="checkbox"/>
D	CROOK, MONTY C	P.O. BOX 784	ORANGE PARK FL 32067	<input type="checkbox"/>
D	THRASHER, JOHN E	2510 RIVER PLACE	ORANGE PARK FL 32073	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-99

Date

904-269-8791

Daytime Phone #

CR2E037 (5/99)

0013687