

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48678 (9)**
1. Corporation Name
SOUTHEAST CLAY CIVIC ASSOCIATION, INCORPORATED



Principal Place of Business: **POST OFFICE BOX 1407 GREEN COVE SPRINGS FL 32043**
Mailing Address: **POST OFFICE BOX 1407 GREEN COVE SPRINGS FL 32043**

3. Date Incorporated or Qualified: **04/28/1992**
3a. Date of Last Report: **05/17/1995**
4. FEI Number: **59-3037108**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **HOLIC, SHIRLEY L. 213 SIX POND TRAIL GREEN COVE SPRINGS FL 32043**
10. Name and Address of New Registered Agent (81) Name (82) Street Address (P.O. Box Number is Not Acceptable) (83) (84) City (85) Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HOLIC, SHIRLEY L. 213 SIX POND TRAIL GREEN COVE SPRGS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	HOLIC, JOHN P. 213 SIX POND TRAIL GREEN COVE SPRGS FL	1.2 NAME	
TITLE: VD	RUST, GRANT D JR 203 SNAKE ROAD GREEN COVE SPRGS FL	1.3 STREET ADDRESS	
TITLE: SD	RUST, CAROLYN J 203 SNAKE ROAD GREEN COVE SPRGS FL	1.4 CITY-ST-ZIP	
TITLE: PD	JUDD, PAULA H 7004 CLOVIS ROAD JACKSONVILLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	[]	2.2 NAME	
TITLE: []	[]	2.3 STREET ADDRESS	
TITLE: []	[]	2.4 CITY-ST-ZIP	
TITLE: []	[]	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	[]	3.2 NAME	
TITLE: []	[]	3.3 STREET ADDRESS	
TITLE: []	[]	3.4 CITY-ST-ZIP	
TITLE: []	[]	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	[]	4.2 NAME	
TITLE: []	[]	4.3 STREET ADDRESS	
TITLE: []	[]	4.4 CITY-ST-ZIP	
TITLE: []	[]	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	[]	5.2 NAME	
TITLE: []	[]	5.3 STREET ADDRESS	
TITLE: []	[]	5.4 CITY-ST-ZIP	
TITLE: []	[]	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	[]	6.2 NAME	
TITLE: []	[]	6.3 STREET ADDRESS	
TITLE: []	[]	6.4 CITY-ST-ZIP	

*213 Six Pond Trail
Green Cove Springs, FL 32043*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Shirley L. Holic* 4/24/96 904/284-6149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)