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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
POST OFFICE BOX 1407 POST OFFICE BOX 1407
GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043-1407

3. Date Incorporated or Qualified 04/28/1992 3a. Date of Last Report 05/01/1996
4. FEI Number 59-3037108 Applied For Not Applicable
5. Certificate of Status Desired [X] \$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 [X] No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD [] DELETE
NAME HOLIC, SHIRLEY L.
STREET ADDRESS 213 SIX POND TRAIL
CITY-ST-ZIP GREEN COVE SPRGS FL
TITLE TD [] DELETE
NAME HOLIC, JOHN P.
STREET ADDRESS 213 SIX POND TRAIL
CITY-ST-ZIP GREEN COVE SPRGS FL
TITLE VD [] DELETE
NAME RUST, GRANT D JR
STREET ADDRESS 203 SNAKE ROAD
CITY-ST-ZIP GREEN COVE SPRGS FL
TITLE SD [] DELETE
NAME RUST, CAROLYN J
STREET ADDRESS 203 SNAKE ROAD
CITY-ST-ZIP GREEN COVE SPRGS FL
TITLE PD [] DELETE
NAME JUDD, PAULA H
STREET ADDRESS 213 SIX POND TRAIL
CITY-ST-ZIP GREEN COVE SPRINGS FL
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Shirley L. Holic* 4/25/97 904/284-6149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000479

CR2E037 (9/96)