


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90003 001 \*\*\*\*70.00

<b>DOCUMENT # N48678</b> 1. Entity Name <b>SOUTHEAST CLAY CIVIC ASSOCIATION, INCORPORATED</b>			
Principal Place of Business <b>POST OFFICE BOX 1407                  GREEN COVE SPRINGS FL 32043</b>		Mailing Address <b>POST OFFICE BOX 1407                  GREEN COVE SPRINGS FL 32043</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3037108</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HOLIC, SHIRLEY L.                  213 SIX POND TRAIL                  GREEN COVE SPRINGS FL 32043</b>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25                  Due By September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLIC, SHIRLEY L	NAME	
STREET ADDRESS	213 SIX POND TRAIL	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLIC, JOHN P.	NAME	
STREET ADDRESS	213 SIX POND TRAIL	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUST, GRANT D JR	NAME	
STREET ADDRESS	203 SNAKE ROAD	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUST, CAROLYN J	NAME	
STREET ADDRESS	203 SNAKE ROAD	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYETT, PAULA J	NAME	
STREET ADDRESS	213 SIX POND TRAIL	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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12. 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 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: Shirley L. Holic Date: 8/30/04 Daytime Phone #: 904/284-6149