

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 13, 2007
Secretary of State**

DOCUMENT# N48678

Entity Name: SOUTHEAST CLAY CIVIC ASSOCIATION, INCORPORATED

Current Principal Place of Business:

POST OFFICE BOX 1407
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

213 SIX POND TRAIL
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

POST OFFICE BOX 1407
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-3037108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOLIC, SHIRLEY L.
213 SIX POND TRAIL
GREEN COVE SPRINGS, FL 32043 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLIC, SHIRLEY L
Address: 213 SIX POND TRAIL
City-St-Zip: GREEN COVE SPRGS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: HOLIC, JOHN P.,
Address: 213 SIX POND TRAIL
City-St-Zip: GREEN COVE SPRGS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: RUST, GRANT D JR
Address: 203 SNAKE ROAD
City-St-Zip: GREEN COVE SPRGS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: RUST, CAROLYN J
Address: 203 SNAKE ROAD
City-St-Zip: GREEN COVE SPRGS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Delete
Name: BOYETT, PAULA J
Address: 213 SIX POND TRAIL
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY L. HOLIC

SLH

08/13/2007

Electronic Signature of Signing Officer or Director

_____ Date