2005 NOT-FOR-PROFIT CORPORATION : ANNUAL REPORT

DOCUMENT # N94000000070



FILED Feb 18, 2005 8:00 am Secretary of State

FLORIDA STATE UNIVERSITY SEMINOLE CLUB OF CLAY COUNTY, INC.					02-18-2005	90068 045	****6	1.25
2137 ASTOR	e of Business L STREET RK, FL 32 0 87	Mailing Address P.O. BOX 2920 ORANGE PARK, FL 320	067			- IN AGIN 25IK STIN EX	BM (28) BT:	in a ca
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 ((10/03)	
City & Stat		City & State		4. FEI Numbe 59-321			\rightarrow	plied For t Applicable
3201		Zip	Country		of Status Desired	Fee	Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	Registered Age	ent	
WALDEN,	DAVIS E	•	_ Name	-	+ -		•	
36 SWIMN	MING PEN DR URG, FL 32068	•	Street A	ddress (P.O. Box Numb	er is Not Acceptable	e)		
			City			FL	Zip Code	e
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or	registered agent, or bo	th, in the State of Fl	orida. I am fam	iliar with,	and accept
SIGNATURE :	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signate	ure required when reinstating)		DATE		<u>.</u>
SIGNATURE	Signature, typed or pritted name of registered agent Filling Fee is \$61.25 Due by May 1, 2005		npaign Financing	\$5.00 May E Added to Fees		DATE Make check partine		
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Indicated on this report or supplier with his litting coes not quarry for the exemption stated in Section 113.07(3)(). Florida Statutes. Intrinsic centry that the morration indicated on this report or suppliermental 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:	Marsha	S. Banks	marsh	Q Barks	2/14/05	904-215-2	922
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Dete	Daytime Phone #		