

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-18-2005 90068 045 ****61.25

DOCUMENT # N94000000070 1. Entity Name FLORIDA STATE UNIVERSITY SEMINOLE CLUB OF CLAY COUNTY, INC.																																																																																																																		
Principal Place of Business 2137 ASTOR STREET ORANGE PARK, FL 32067			Mailing Address P.O. BOX 2920 ORANGE PARK, FL 32067																																																																																																															
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																															
City & State			City & State																																																																																																															
Zip 32073		Country		Zip Country																																																																																																														
6. Name and Address of Current Registered Agent WALDEN, DAVIS E 36 SWIMMING PEN DR MIDDLEBURG, FL 32068				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																														
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> <div style="float: right;">DATE _____</div>																																																																																																																		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>																																																																																																																		
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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: <u>Marsha S. Banks Marsha S Banks</u> <u>2/14/05</u> <u>904-215-2922</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																		