## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # N94000000070**

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## **FILED** May 07, 2008 8:00 am Secretary of State

05-07-2008 90112 016 \*\*\*\*61.25

CLAY COUNTY, INC.									
2137 ASTOR STREET P.O		Mailing Address P.O. BOX 2920 ORANGE PARK, FL 3206	7		400000		H <b>CO</b> IN <b>CO</b> IN <b>C</b> I	11% <b>42</b> 1% 1 <b>32</b> 1) <b>61</b>	1914) <b>B</b> 1 ( <b>87</b> )
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04142008	Chg-NP	CR2E0	37 (12/06)	
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State	City & State		4. FEI Number 59-32149	49		N	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of			\$8.75 Add Fee Require	
	6. Name and Address of Current l	Registered Agent	Namo		7. Name and Ac	idress of New K	tegistered /	Agent	
WALDEN,	DAVIS E		Name						<u>  </u>
1814 COL	ONIAL DRIVE OVE SPRINGS, FL 32043		Street A	Address (P	O.O. Box Number is	s Not Acceptable	e)		
			City				FL	Zip Cod	le
	a named entity submits this statement for tions of registered agent.	r the purpose of changing its re-	gistered office o	or registere	ed agent, or both,	in the State of Flo		familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Ri	legistered Agent signs	sture required w	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
	Signature, hipped or printed name of registered agent at Filling Fee is \$61.25  Due by May 1, 2008	9. Election Campi Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees		ake checi	k payable t	
SIGNATURE	Filing Fee is \$81.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Campi Trust Fund Cor	aign Financing	_ ;	\$5.00 May Be	Flor	ake checi ida Depar	tment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SQUATURE AND TYPED OR PROTECT MAKE OF SIGNING OFF		U. Wiamond	14-14-08 Destine Phone	904 26	1892
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