2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N94000000070

Entity Name: FLORIDA STATE UNIVERSITY SEMINOLE CLUB OF CLAY COUNTY, INC.

Current Principal Place of Business:

2137 ASTOR STREET
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2920
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 59-3214949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALDEN, DAVIS E
1814 COLONIAL DRIVE
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete
Name: DIAMOND, BONNIE
Address: 4321 SIDEWINDER TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: T ( ) Delete
Name: EMMONS, CINDY
Address: 272 ARORA BLVD
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: WALDEN, DAVIS E
Address: 1814 COLONIAL DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DV ( ) Delete
Name: ABEL, NANCY
Address: 1692 PAPAYA COURT
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ABEL, NANCY
Address: 1692 PAPAYA COURT
City-St-Zip: ORANGE PARK, FL 32073

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

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

Title: DV (X) Change ( ) Addition
Name: BALLANTINE, DAVID
Address: 2882 FOREST OAKS DRIVE
City-St-Zip: ORANGE PARK, FL 32073

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: NANCY ABEL DP 02/10/2009

Electronic Signature of Signing Officer or Director — Date