

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002102 (0)**  
1. Corporation Name

**CLAY COUNTY JUVENILE JUSTICE COUNCIL, INC.**



Principal Place of Business

Mailing Address

**2521 WINDWOOD DRIVE  
ORANGE PARK FL 32073**

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ORANGE PARK FL 32073**

3. Date Incorporated or Qualified  
**05/01/1995**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILMORE, JOE  
2521 WINDWOOD DRIVE  
ORANGE PARK FL 32073**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0532 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and town of applic. (84)

Signature, typed or printed name of registered agent and town of applic. (84)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DC LANCASTER, SCOTT**  
STREET ADDRESS **P.O. BOX 548**  
CITY - ST - ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ DELETE  
NAME **VC-D GILMORE, JOE CHAIRMAN**  
STREET ADDRESS **2521 WINDWOOD LANE**  
CITY - ST - ZIP **ORANGE PARK FL 32073**

TITLE ☐ DELETE  
NAME **VC-D SMITH, JANET CHAIRMAN**  
STREET ADDRESS **3293 C.R. 220**  
CITY - ST - ZIP **MIDDLEBURG FL 32068**

TITLE ☒ DELETE  
NAME **STD CHRISTOPHER, MAVIS**  
STREET ADDRESS **90 CORUNNA STREET**  
CITY - ST - ZIP **ST. AUGUSTINE FL 32084**

TITLE ☒ DELETE  
NAME **SD JANOSIK, JOHN CORR-SE**  
STREET ADDRESS **2223 ASTOR STREET MAJORCA 4**  
CITY - ST - ZIP **ORANGE PARK FL 32073**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Recording Secretary  
**Karla Nachtshiem**  
**23 S. Green Street**  
**Green Cove Springs, FL 32043**  
  
Treasurer  
**Felecia Humpshire**  
**530 Stiles Avenue**  
**Orange Park, FL 32073**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Karla Nachtshiem** **Karla Nachtshiem** **4-16-96** **(904) 272-8100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)