FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1997

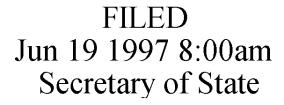


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000002102 (0) DOCUMENT

CLAY COUNTY JUVENILE JUSTICE COUNCIL, INC.





Principal Plac	ce of Business	Mailing Address	Mailing Address				
9521 WINDWOOD DRIVE ORANGE PARK FL 82073		2521 WINDWOOD DRIVE ORANGE PARK FL 32073-6126					
					3. Date Incorporated or Qualified 05/01/1995	3a. Date of Last Report 04/19/1996	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number NOT APPLICABLE	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation has liability for i		
24	[25]	29	30		Tronda Distates	Yes No	
	g, Name and Address of Curren	it Registered Agent		.1	10. Name and Address of New Re	zistered Agent	
			8	1 Name			
GILMORE, JOE				2 Street Ac	I Address (P.O. Box Number is Not Acceptable)		
	INDWOOD DRIVE			<u> </u>		,	
ORANGI	E PARK FL 32073		8:	3			
			8	4 City	West to the West to West to the State of State o	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	tes, the abo	ve-named co	orporation submits this statement for the p	urpose of changing its registered	
office or	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida, Such change was .	authorized t	ov the corpo	ration's board of directors. I hereby accep	t the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and tille il applicable. (NO:	TE: Registered A	gent signature re	quired when rainstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12-	
TITLE	l DC	DELETE	1.1 TITLE		DC.	Change & Addition	
NAME	LANCASTER, SCOTT		1.2 NAME		PENSHAW, MCCARTHY.	TR.	
STREET ADDRESS	P.O. BOX 548		1.3 S RE	ET ADDRESS	PENSHAW, MCCARTHY, . P.D. BCX 1866	- /1/6	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32	2043	1.4 O Y	ST-7/P	Green Cove Springs, FL	.32043 (N/A)	
TITLE	VC-D	DELETE	2.1 T LE			Change Addition	
NAME	GILMORE, JOE CHAIRMA	_	2.2 N ME	. 1		- · -	
STREET ADDRESS	2521 WINDWOOD LANE		1 1	ET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073		2.44 TY				
TITLE	VC-D	DELETE	3.1 T I.E			Change Addition	
NAME	SMITH, JANET CHAIRMA	_	3.2 t ME	- 1			
STREET ADDRESS	3293 C.R. 220			ET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL 32088		9 8	-ST-ZIP			
TITLE	8	DELETE	4.1 E			Change Addition	
NAME	NACHTSHEIM, KARLA	<u> </u>	4.2	1		_ '.' _ '-	
STREET ADDRESS	23 S GREEN STREET			et address			
CITY-ST-ZIP	GREEN COVE SPRING FL 320	043		ST-ZIP			
TITLE		☐ DELETE	5.1			Change Addition	
NAME	HAMPSHIRE, FELECIA	_ , , , , , , , , , , , , , , , , , , ,	5.2			•	
STREET ADDRESS	530 STILES AVENUE			T ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073		5.4 C Y-	- 1			
TITLE		DELETE	6.1 T LE		4.000	Change Addition	
NAME	İ		6.2 N ME	1			
STREET ADDRESS				ET ADDRESS			
				1			
CITY-ST-ZIP	Land the state of		6.4 CITY-	S1-ZIP	lad in Contine 110 07/3VIV Florida Ctatuta	I divide continue that the	

r do nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 one attachment with an address.