


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002102 (0)**

1. Corporation Name

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



Principal Place of Business <b>3521 WINDWOOD DRIVE ORANGE PARK FL 32073</b>	Mailing Address <b>2521 WINDWOOD DRIVE ORANGE PARK FL 32073-6126</b>
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3. Date Incorporated or Qualified <b>05/01/1995</b>	3a. Date of Last Report <b>04/19/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. 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	<b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DC</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LANCASTER, SCOTT</b>		1.2 NAME <b>CRENSHAW, MCCARTHY, JR.</b>	
STREET ADDRESS <b>P.O. BOX 548</b>		1.3 STREET ADDRESS <b>P.O. BOX 1866</b>	
CITY-ST-ZIP <b>GREEN COVE SPRINGS FL 32043</b>		1.4 CITY-ST-ZIP <b>Green Cove Springs, FL 32043</b>	<b>(N/A)</b>
TITLE <b>VC-D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GILMORE, JOE CHAIRMA</b>		2.2 NAME	
STREET ADDRESS <b>2521 WINDWOOD LANE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORANGE PARK FL 32073</b>		2.4 CITY-ST-ZIP	
TITLE <b>VC-D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, JANET CHAIRMA</b>		3.2 NAME	
STREET ADDRESS <b>3293 C.R. 220</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIDDLEBURG FL 32068</b>		3.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NACHTSHEIM, KARLA</b>		4.2 NAME	
STREET ADDRESS <b>23 S GREEN STREET</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>GREEN COVE SPRING FL 32043</b>		4.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAMPshire, FELECIA</b>		5.2 NAME	
STREET ADDRESS <b>530 STILES AVENUE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORANGE PARK FL 32073</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)

4/29/97 (ord) 277-2068