2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002102

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED May 02, 2005 Secretary of State

Entity Name: CLAY COUNTY JUVENILE JUSTICE COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business: 901 NORTH ORANGE STREET GREEN COVE SPRINGS, FL 32043 **Current Mailing Address: New Mailing Address:** ATTN:SALLY SKULL, CCHD, CCJJC ATTN:SALLY SKULL, CCHD, CCJJC PO BOX 566 PO BOX 578 GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043 FEI Number: 59-0331606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOX, JANET SMITH SKULL, SALLY M 901 NORTH ORANGE AVE 901 NORTH ORANGE AVE. GREEN COVE SPRINGS, FL 32043 US GREEN COVE SPRINGS, FL 32043 US 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: SALLY M SKULL 05/02/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MUELLER, DEBBIE Name: Name: PO BOX 1362 Address: Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: Title: DC (X) Delete Title: () Change () Addition LATNEY, HERB Name: Name: Address: 3292 COUNTY ROAD 220 Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: () Delete Title: (X) Change () Addition FOX, JANET SMITH Name: SKULL, SALLY M Name: 901 NORTH ORANGE AVE. 901 NORTH ORANGE AVE. Address: Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: SALLY M SKULL T 05/02/2005

() Delete

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GREEN COVE SPRINGS, FL 32043

GODFREY, ELLEN

HALL, SUSANNE

800 WALNUT ST.

1000 SHEARER STREET

JACKSONVILLE, FL 32205

(X) Change () Addition

() Change () Addition

MARTIN, NORMA

900 WALNUT STREET

GREEN COVE SPRINGS, FL 32043