

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

06-22-2006 90002 015 \*\*\*\*61.25

**DOCUMENT # N95000002102**

1. Entity Name

CLAY COUNTY JUVENILE JUSTICE COUNCIL, INC.



Principal Place of Business

901 NORTH ORANGE STREET  
GREEN COVE SPRINGS FL 32043

Mailing Address

ATTN:SALLY SKULL, CCHD, CCJJC  
PO BOX 578  
GREEN COVE SPRINGS FL 32043



2. Principal Place of Business

3. Mailing Address

P.O. Box 141

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Green Cove Springs, FL

City & State

4. FEI Number

59-0331606

Applied For

Not Applicable

Zip

32043

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKULL, SALLY M  
901 NORTH ORANGE AVE.  
GREEN COVE SPRINGS FL 32043

Name Norma V. Martin

Street Address (P.O. Box Number is Not Acceptable)  
23 South Green St.

City Green Cove Springs

FL

Zip Code 32043

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Norma V. Martin, Treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/21/06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MUELLER, DEBBIE  
CITY-ST-ZIP PO BOX 1362  
GREEN COVE SPRINGS FL 32043

TITLE ☐ Change ☒ Addition  
NAME Lt. Ronnie Gann  
STREET ADDRESS P.O. Box 141  
CITY-ST-ZIP Green Cove Springs, FL 32656

TITLE ☒ Delete  
NAME T  
STREET ADDRESS SKULL, SALLY M  
CITY-ST-ZIP 901 NORTH ORANGE AVE.  
GREEN COVE SPRINGS FL 32043

TITLE ☐ Change ☒ Addition  
NAME Donna L. Wethington  
STREET ADDRESS P.O. Box 141  
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MARTIN, NORMA  
CITY-ST-ZIP 900 WALNUT STREET  
GREEN COVE SPRINGS FL 32043

TITLE ☐ Change ☐ Addition  
NAME 23 South Green St.  
STREET ADDRESS Green Cove Springs, FL 32043  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME M  
STREET ADDRESS HALL, SUSANNE  
CITY-ST-ZIP 800 WALNUT ST.  
GREEN COVE SPRINGS FL 32043

TITLE ☐ Change ☒ Addition  
NAME Karla Nachtsheim  
STREET ADDRESS P.O. Box 141  
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norma V. Martin

6/21/06

(904)284-6511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #