

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002102

FILED
Mar 29, 2009
Secretary of State

Entity Name: CLAY COUNTY JUVENILE JUSTICE COUNCIL, INC.

Current Principal Place of Business:

23 SOUTH GREEN STREET
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

ATTN:NORMA MARTIN
23 SOUTH GREEN STREET
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-0331606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, NORMA V
23 SOUTH GREEN ST
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHAI () Delete
Name: GANN, RONNIE LT
Address: 23 SOUTH GREEN STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: V-CH () Delete
Name: SIRDEVAN, KIM
Address: 23 SOUTH GREEN STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TREA () Delete
Name: MARTIN, NORMA
Address: 23 SOUTH GREEN ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SECR () Delete
Name: MUELLER, DEBBIE
Address: 23 SOUTH GREEN STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: NORMA V. MARTIN

TREA

03/29/2009

Electronic Signature of Signing Officer or Director

Date