

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

1/21

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90558 047 \*\*\*\*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  
**P.O. BOX 548  
GREEN COVE SPRINGS FL 32043**

**55006194**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BEATY, ROBERT K 1775 EAGLE HARBOR PARKWAY ORANGE PARK FL 32003</b>				Name <b>Janet Smith Fox</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>+476 901 North Orange Avenue</b>			
				City <b>Green Cove Springs FL</b> Zip Code <b>32043</b>			

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 *Janet Smith Fox, Treasurer* *1/7/2003*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State.</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LANCASTER, SCOTT</b>			NAME	<b>Tim Collins, Office of State</b>		
STREET ADDRESS	<b>P.O. BOX 548</b>			STREET ADDRESS	<b>P.O. Box 1362</b>		
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>			CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>		
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>THIES, JIM</b>			NAME	<b>Norma V. Martin</b>		
STREET ADDRESS	<b>831 N. PALMETTO AVENUE</b>			STREET ADDRESS	<b>23 South Green Street</b>		
CITY-ST-ZIP	<b>GREEN COVE SPRINGS, FL 32043</b>			CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>		
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BEATY, ROBERT K</b>			NAME	<b>Janet Smith Fox</b>		
STREET ADDRESS	<b>1775 EAGLE HARBOR PARKWAY</b>			STREET ADDRESS	<b>901 North Orange Avenue</b>		
CITY-ST-ZIP	<b>ORANGE PARK FL 32003</b>			CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>NEWMAN, MARY ANNE</b>			NAME	<b>Madeilyn Proctor</b>		
STREET ADDRESS	<b>P.O. BOX 548</b>			STREET ADDRESS	<b>85 de Barry Ave 3074</b>		
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>			CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>Membership</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NACHTSHEM, KARLA</b>			NAME	<b>Susanne Hall</b>		
STREET ADDRESS	<b>23 S. GREEN STREET</b>			STREET ADDRESS	<b>800 Walnut St</b>		
CITY-ST-ZIP	<b>GREEN COVE SPGS FL 32043</b>			CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GILMORE, JOE</b>			NAME			
STREET ADDRESS	<b>2521 WINDWOOD LN</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *SIGNATURE OF OFFICER/TIM R. COLLINS* *JAN 16, 2003* *904-269-6368*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)