

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90139 016 \*\*\*\*61.25

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1. Corporation Name

CLAY COUNTY ADULT SOFTBALL ASSOCIATION, INC.

Principal Place of Business

PAUL C. ARMSTRONG SOFTBALL COMPLEX  
2445 COUNTY ROAD 220  
DOCTOR'S INLET FL 32030

Mailing Address

P.O. BOX 480  
DOCTOR'S INLET FL 32030



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

59-3246617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

GRAY, DOUG  
2400 CYPRESS SPRINGS ROAD  
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name Mitchell, Alan

82 Street Address (P.O. Box Number is Not Acceptable)  
2040 Wells Road, Apt. 1C

83

84 City Orange Park, FL

FL

85 Zip 32068

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 *Alan W. Mitchell Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME GRAY, DOUG  
STREET ADDRESS 2400 CYPRESS SPRINGS ROAD  
CITY-ST-ZIP ORANGE PARK FL

TITLE VPD ☒ DELETE  
NAME MITCHELL, ALAN  
STREET ADDRESS 2040 WELLS RD., APT 1C  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE SD ☐ DELETE  
NAME DAVIES, BARBARA J  
STREET ADDRESS 752 BRANSCOMB RD  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE TD ☐ DELETE  
NAME THOMAS, LYNN  
STREET ADDRESS 5454 CR 209 SOUTH  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Mitchell, Alan  
1.3 STREET ADDRESS 2040 Wells Road, Apt. 1C  
1.4 CITY-ST-ZIP Orange Park, FL 32073

2.1 TITLE VPD ☒ Change ☐ Addition  
2.2 NAME Halbrook, Candy  
2.3 STREET ADDRESS 2120 Farm Way  
2.4 CITY-ST-ZIP Middleburg, FL 32068

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Alan W. Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-99

Date

904-213-9890

Daytime Phone #

CR2E037 (1/98)