

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91056 002 ****61.25

DOCUMENT # N96000005060					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01222004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3246617 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOLLEY, TANIA 1805 SHERATON LAKES CR MIDDLEBURG, FL 32068			Name Beland-Scholl, Jeanne, T Street Address (P.O. Box Number is Not Acceptable) 2410 Cane Ct Middleburg, FL 32068 City FL Zip Code		
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 <i>Jeanne Beland-Scholl</i> Jeanne 4-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVELL, DERRICK		NAME	LOVELL, DERRICK	
STREET ADDRESS	1805 SHERATON LAKES		STREET ADDRESS	3137 Haverhill Ct	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOLLEY, TANIA		NAME		
STREET ADDRESS	1805 SHERATON LAKES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON-SCHOLL, JEANNE		NAME	Beland-Scholl, Jeanne	
STREET ADDRESS	2410 CANE CT.		STREET ADDRESS	2410 Cane Ct	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TILLMAN, ELIZABETH		NAME		
STREET ADDRESS	RICH'S 220		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOLL, BERNARD III		NAME	Annaliese Smith	
STREET ADDRESS	2410 CANE CT.		STREET ADDRESS	3437 Bristol Ridge Rd	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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: <i>Jeanne Beland-Scholl</i> Jeanne Beland-Scholl 4-20-04 904291-3562 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					