

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90025 024 \*\*\*\*70.00

**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

03012005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3246617**

Applied For  
Not Applicable

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

**BELAND-SCHOLL, JEANNE T  
2410 CANE CT  
MIDDLEBURG, FL 32068**

Name **York, Lisa M.**

Street Address (P.O. Box Number is Not Acceptable)

**2970 Biloxi Trail**

City

**Middleburg**

**FL**

Zip Code  
**32068**

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

*Lisa M. York*

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

(NOTE: Registered Agent signature required when reinstating)

*3/1/2005*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 **P** ☒ Delete  
NAME **LOVELL, DERRICK**  
STREET ADDRESS **3137 HAVERHILL CT.**  
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **President** ☒ Change ☐ Addition  
NAME **Brian Milstead**  
STREET ADDRESS **11549 Wandering Pines Trail West**  
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **TR** ☒ Delete  
NAME **BELAND-SCHOLL, JEANNE**  
STREET ADDRESS **2410 CANE CT.**  
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Lisa M. York**  
STREET ADDRESS **2970 Biloxi Tr, Middleburg**  
CITY-ST-ZIP **FL 32068**

TITLE **S** ☒ Delete  
NAME **TILLMAN, ELIZABETH**  
STREET ADDRESS **RICH'S 220**  
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Vanessa Isenberg**  
STREET ADDRESS **607 Laurel Grove Lane**  
CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **D** ☒ Delete  
NAME **SMITH, ANNALIESE**  
STREET ADDRESS **3437 BRISTOL RIDGE RD**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Donovan J. Branham**  
STREET ADDRESS **257 Washington Avenue**  
CITY-ST-ZIP **Orange Park, FL 32065**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Commissioner D** ☒ Change ☐ Addition  
NAME **Mike Wright**  
STREET ADDRESS **2199 Constitution Drive**  
CITY-ST-ZIP **Orange Park, FL 32073**

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 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:

*Lisa M. York*

**LISA M. YORK**

*3/1/05*

*904-529-1312*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #