

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2006 08:00 AM
Secretary of State

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**



06062006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**YORK, LISA M
2970 BILOXI TRAIL
MIDDLEBURG, FL 32068**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILSTEAD, BRIAN
STREET ADDRESS	11549 WANDERING PINES TRAIL WEST
CITY- ST- ZIP	JACKSONVILLE, FL 32258
TITLE	TR
NAME	YORK, LISA M
STREET ADDRESS	2970 BILOXI TR
CITY- ST- ZIP	MIDDLEBURG, FL 32068
TITLE	S
NAME	ISENBERG, VANESSA
STREET ADDRESS	607 LAUREL GROVE LANE
CITY- ST- ZIP	ORANGE PARK, FL 32073
TITLE	VP
NAME	BRANHAM, DONOVAN J
STREET ADDRESS	257 WASHINGTON AVENUE
CITY- ST- ZIP	ORANGE PARK, FL 32065
TITLE	COMD
NAME	WRIGHT, MIKE
STREET ADDRESS	2199 CONSTITUTION DRIVE
CITY- ST- ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000566364
06/07/06-80001-008 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** **6-6-06** **904-529-1312**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #