

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90011 019 \*\*\*\*70.00

<b>DOCUMENT # N96000005060</b>					
<b>1. Entity Name</b> CLAY COUNTY ADULT SOFTBALL ASSOCIATION, INC.					
<b>Principal Place of Business</b> PAUL C. ARMSTRONG SOFTBALL COMPLEX 2445 COUNTY ROAD 220 DOCTOR'S INLET, FL 32030			<b>Mailing Address</b> P.O. BOX 480 DOCTOR'S INLET, FL 32030		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3246617	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  YORK, LISA M 2970 BILOXI TRAIL MIDDLEBURG, FL 32068			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P	<b>NAME</b> MILSTEAD, BRIAN		<b>TITLE</b> President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 11549 WANDERING PINES TRAIL WEST	<b>STREET ADDRESS</b> JACKSONVILLE, FL 32258		<b>STREET ADDRESS</b> Mike Wright		
<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32258	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32258		<b>CITY-ST-ZIP</b> 2199 Constitution Drive		
<b>TITLE</b> TR	<b>NAME</b> YORK, LISA M		<b>TITLE</b> Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 2970 BILOXI TR	<b>STREET ADDRESS</b> MIDDLEBURG, FL 32068		<b>STREET ADDRESS</b> Vanessa Isenberg		
<b>CITY-ST-ZIP</b> MIDDLEBURG, FL 32068	<b>CITY-ST-ZIP</b> MIDDLEBURG, FL 32068		<b>CITY-ST-ZIP</b> 607 Laurel Grove Lane		
<b>TITLE</b> S	<b>NAME</b> ISENBERG, VANESSA		<b>TITLE</b> Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 607 LAUREL GROVE LANE	<b>STREET ADDRESS</b> ORANGE PARK, FL 32073		<b>STREET ADDRESS</b> Lisa M. York		
<b>CITY-ST-ZIP</b> ORANGE PARK, FL 32073	<b>CITY-ST-ZIP</b> ORANGE PARK, FL 32073		<b>CITY-ST-ZIP</b> 2970 Biloxi Trail		
<b>TITLE</b> VP	<b>NAME</b> BRANHAM, DONOVAN J		<b>TITLE</b> Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 257 WASHINGTON AVENUE	<b>STREET ADDRESS</b> ORANGE PARK, FL 32065		<b>STREET ADDRESS</b> Brian Milstead		
<b>CITY-ST-ZIP</b> ORANGE PARK, FL 32065	<b>CITY-ST-ZIP</b> ORANGE PARK, FL 32065		<b>CITY-ST-ZIP</b> 11549 Wandering Pines Trail West		
<b>TITLE</b> COMD	<b>NAME</b> WRIGHT, MIKE		<b>TITLE</b> Commissioner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 2199 CONSTITUTION DRIVE	<b>STREET ADDRESS</b> ORANGE PARK, FL 32073		<b>STREET ADDRESS</b> Buddy Parker		
<b>CITY-ST-ZIP</b> ORANGE PARK, FL 32073	<b>CITY-ST-ZIP</b> ORANGE PARK, FL 32073		<b>CITY-ST-ZIP</b> 2175 West 18th Street		
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 		
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Lisa M. York</i> LISA M. YORK - SECRETARY 9/4/07 904-529-1312					