

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

06-30-2008 90021 037 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3246617**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

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 VP ☐ Delete  
NAME MILSTEAD, BRIAN  
STREET ADDRESS 11549 WANDERING PINES TRAIL WEST  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME YORK, LISA M  
STREET ADDRESS 2970 BILOXI TR  
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME ISENBERG, VANESSA  
STREET ADDRESS 607 LAUREL GROVE LANE  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☒ Delete  
NAME PARKER, BUDDY  
STREET ADDRESS 11549 WANDERING PINES TRAIL WEST  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE Softball Commissioner ☐ Change ☒ Addition  
NAME Lovell, Derrick  
STREET ADDRESS P.O. Box 480  
CITY-ST-ZIP Doctors Inlet, FL 32030

TITLE P ☐ Delete  
NAME WRIGHT, MIKE  
STREET ADDRESS 2199 CONSTITUTION DRIVE  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lisa M. York*

6/25/08 904-529-1312