

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005060

FILED
May 01, 2009
Secretary of State

Entity Name: CLAY COUNTY ADULT SOFTBALL ASSOCIATION, INC.

Current Principal Place of Business:

PAUL C. ARMSTRONG SOFTBALL COMPLEX
2445 COUNTY ROAD 220
DOCTOR'S INLET, FL 32030

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 480
DOCTOR'S INLET, FL 32030

New Mailing Address:

FEI Number: 59-3246617 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MILSTEAD, BRIAN
Address: 11549 WANDERING PINES TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32258

Title: S () Delete
Name: YORK, LISA M
Address: 2970 BILOXI TR
City-St-Zip: MIDDLEBURG, FL 32068

Title: T () Delete
Name: ISENBERG, VANESSA
Address: 607 LAUREL GROVE LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: P () Delete
Name: WRIGHT, MIKE
Address: 2199 CONSTITUTION DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: SC () Delete
Name: LOVELL, DERRICK
Address: PO BOX 480
City-St-Zip: DOCTORS INLET, FL 32030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SC (X) Change () Addition
Name: MUNCY, MIKE
Address: PO BOX 480
City-St-Zip: DOCTORS INLET, FL 32030

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA M. YORK

T

05/01/2009

Electronic Signature of Signing Officer or Director

Date