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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90065 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001995					
1. Corporation Name National Association Of Retired Federal Employees Clay County Chapter 1414, Inc.					
Principal Place of Business 2463 Larchwood Street Orange Park, FL 32073			Mailing Address		
2. Principal Place of Business 21 3325 Doctors Lake Drive		2a. Mailing Address Suite, Apt. #, etc.		3. Date Incorporated or Qualified x April 1, 1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3204714	
City & State 23 Orange Park, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 32072 25 USA		Zip Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent Billee D. Mundorff 2463 Larchwood St. Orange Park, FL 32065			10. Name and Address of New Registered Agent 81 Name Amy Audene Kent 82 Street Address (P.O. Box Number is Not Acceptable) 3325 Doctors Lake Drive 83 84 City Orange Park FL 85 Zip Code 32065		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE: <u>Amy Audene Kent</u> Amy Audene Kent 3/1/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Billee D. Mundorff 2463 Larchwood Street Orange Park, FL 32065 <input checked="" type="checkbox"/> DELETE			1.1 TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Amy Audene Kent 1.3 STREET ADDRESS 3325 Doctors Lake Drive 1.4 CITY-ST-ZIP Orange Park, FL 32065 <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Mary Wooten 6043 West Shores Road Orange Park, FL 32073 <input type="checkbox"/> DELETE D			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Erma Jean Burmeister 2.3 STREET ADDRESS 6316 Gaskin Rd. 2.4 CITY-ST-ZIP Jacksonville, FL 32244 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Erma Jean Burmeister 6316 Gaskin Rd. Jacksonville, FL 32244 <input type="checkbox"/> DELETE D			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy Audene Kent Amy Audene Kent 3/1/99 904-264-2120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)