

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001241

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: CLAY COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

801-3 BLANDING BOULEVARD  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

801-3 BLANDING BOULEVARD  
ORANGE PARK, FL 32065

**New Mailing Address:**

FEI Number: 59-3144590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMASSON, DAVID  
768 CAMP JOHNSON RD  
ORANGE PARK, FL 32065 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: PM ( ) Delete  
Name: THOMASSON, DAVID  
Address: 768 CAMP JOHNSON RD  
City-St-Zip: ORANGE PARK, FL 32065

Title: TD ( ) Delete  
Name: PITTS, LONA  
Address: 440 WESLEY RD  
City-St-Zip: GREEN COVE SPGS, FL 32043

Title: D ( ) Delete  
Name: THOMASSON, CHARLYN  
Address: 768 CAMP JOHNSON RD  
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete  
Name: HAMILTON, KEVIN  
Address: 816 HARDWOOD ST  
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete  
Name: GASLIN, TOM  
Address: 937 GOLDRIDGE CT  
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete  
Name: SCOGIN, THERESA  
Address: 461 POLK AVE  
City-St-Zip: ORANGE PARK, FL 32065

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LONA M. PITTS

T/D

04/19/2005

Electronic Signature of Signing Officer or Director

Date