

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001241

FILED
Jan 17, 2007
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: PD () 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: D (X) Change () Addition
Name: SCOGIN, THERESA
Address: 461 POLK AVENUE
City-St-Zip: ORANGE PARK, FL 32065

Title: D (X) Change () Addition
Name: SMITH, MICHAEL S
Address: 37281 CODY CIRCLE J3
City-St-Zip: HILLIARD, FL 32046

I hereby certify that the information supplied with this filing does not qualify for the 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: LONA M. PITTS

TD

01/17/2007

Electronic Signature of Signing Officer or Director

Date