2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N98000001241

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:	BEAVER, JIM	
Address:	2063 SUSSEX DRIVE SOUTH	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	D	( ) Delete
Name:	HAMILTON, KEVIN	
Address:	816 HARDWOOD ST	
City-St-Zip:	ORANGE PARK, FL 32065	
Title:	D	( ) Delete
Name:	SCOGIN, THERESA	
Address:	461 POLK AVENUE	
City-St-Zip:	ORANGE PARK, FL 32065	
Title:	D	( ) Delete
Name:	SMITH, MICHAEL S	
Address:	6633 SKYLER JEAN DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32244	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	THOMASSON, CHARLYN	
Address:	768 CAMP JOHNSON ROAD	
City-St-Zip:	ORANGE PARK, FL 32065	
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 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 PITTS TD 02/10/2009

Electronic Signature of Signing Officer or Director — Date