

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N98000002003**1. Entity Name  
CLAY COUNTY CHILDRENS COMMISSION, INC.Principal Place of Business  
POST OFFICE BOX 2708  
ORANGE PARK FL 320732708  
Mailing Address  
POST OFFICE BOX 2708  
ORANGE PARK FL 3207327082. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
Applied For  
☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**HENSLEY JAMES P  
1640 MISTY LAKE DRIVE  
ORANGE PARK FL 32003 USName  
BROWN LINDA  
Street Address (P.O. Box Number is Not Acceptable)  
1651 GLEN LAUREL DRIVE  
City  
MIDDLEBURG FL Zip Code  
32068

8. 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 **LINDA BROWN****04/26/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	GIVENS AARON PH.D.	
STREET ADDRESS	2053 SUSSEX DRIVE SOUTH	
CITY-ST-ZIP	ORANGE PARK FL 320735956	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIFRANCO DEBBIE	
STREET ADDRESS	400 PERTHSHIRE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 320734248	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN LINDA	
STREET ADDRESS	2717 CEDAR CREST DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 320736509	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOBOLEWSKI EMILY R	
STREET ADDRESS	1274 HICKORY COVE LANE	
CITY-ST-ZIP	ORANGE PARK FL 320656988	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GOODMAN THOMAS J	
STREET ADDRESS	674 KILCHURN DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 320734284	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HENSLEY JAMES P	
STREET ADDRESS	1640 MISTY LAKE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 320037278	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITTLESEY MARY LOU		
STREET ADDRESS	3268 WILDERNESS CIRCLE		
CITY-ST-ZIP	MIDDLEBURG FL 320684137		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATERS DEBBIE		
STREET ADDRESS	2189 GEORGE WYTHE ROAD		
CITY-ST-ZIP	ORANGE PARK FL 320735045		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS ROBBIN		
STREET ADDRESS	2261 YELLOW PINE COURT		
CITY-ST-ZIP	ORANGE PARK FL 320736550		
TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOBOLEWSKI EMILY R		
STREET ADDRESS	2547 LANG AVENUE		
CITY-ST-ZIP	ORANGE PARK FL 32073		
TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIFRANCO DEBORAH		
STREET ADDRESS	400 PERTHSHIRE DRIVE		
CITY-ST-ZIP	ORANGE PARK FL 32073		
TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN LINDA		
STREET ADDRESS	1651 GLEN LAUREL DRIVE		
CITY-ST-ZIP	MIDDLEBURG FL 32068		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Debbie DiFranco** **DV** **04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Taxing Phone #

CR2E037 (11/00)