


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # N98000003196 1. Entity Name CLAY COUNTY GOLF CLASSIC, INC.	
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Principal Place of Business 2729 COUNTY ROAD 218 PENNEY FARMS, FL 32079	Mailing Address P O BOX 515 PENNEY FARMS, FL 32079
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3517823	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KUHN, JAMES P 2729 COUNTY ROAD 218 PENNEY FARMS, FL 32079	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000787241 01/17/08-80073-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUHN, JAMES P 2729 COUNTY ROAD 218 PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SGROI, STEPHEN B 2729 COUNTY ROAD 218 PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROUGH, FRANK 2729 COUNTY ROAD 218 PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TEDDER, ROGER 2729 COUNTY ROAD 218 PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS VANN, MARGARET L 2729 COUNTY ROAD 218 PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *James P. Kuhn* *James P. Kuhn* **1-15-08** **904-545-9686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #