2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N99000005517

Entity Name: CLAY COUNTY CRACKER DAY ASSOCIATION INC.

Current Principal Place of Business:

2463 ST RD 16 W
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 634
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDRY, GAYWARD F
577 BRANSCOMB RD.
GREEN COVE SPRINGS, FL 32043 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: D ( ) Delete
Name: HARVIN, P. BRUCE
Address: P.O. BOX 268
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: HENDRY, GAYWARD F
Address: 577 BRANSCOMB RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete
Name: DAUM, BELINDA L
Address: 1234 BUGGY WHIP TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: DOLLAR, KARI
Address: PO BOX 278
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete
Name: KWAAK, KAREN
Address: 67 LION ST
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: WILBUR, CRAIG
Address: 1782 JOE WILBER RD
City-St-Zip: MIDDLEBURG, FL 32068

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: GAYWARD F. HENDRY PRES 04/29/2005
Electronic Signature of Signing Officer or Director — Date