

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007219

Entity Name: CLAY COUNTY SENIOR ADULT ADVOCACY COUNCIL, INC.

Current Principal Place of Business:

3651 US HWY 17
ORANGE PARK, FL 32003

Current Mailing Address:

12939 WINTHROP COVE DR
JACKSONVILLE, FL 32224 US

FEI Number: 59-3751734

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAINWARING, JAMES MTREASUR
12939 WINTHROP COVE DR
JACKSONVILLE, FL 32224 US

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

Officer/Director Detail :

Title PRES
Name WARNAAR, BARBARA
Address 728 BLANDING BLVD SUITE A
City-State-Zip: ORANGE PARK FL 32065

Title TREA
Name MAINWARING, JAMES M
Address 12939 WINTHROP COVE DR
City-State-Zip: JACKSONVILLE FL 32224

Title SECR
Name BROOK, PEGGY
Address 1775 EAGLE HARBOR PARKWAY
City-State-Zip: FLEMING ISLAND FL 32003

Title VP
Name ST JOHN, SARAH
Address 1530 KINGSLEY AVE
City-State-Zip: ORANGE PARK FL 32073

I hereby 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 all other like empowered.

SIGNATURE: JAMES MAINWARING

TREASURER

02/25/2013

Electronic Signature of Signing Officer/Director Detail

Date