

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003779	
1. Entity Name COLUMBIA YOUTH FOOTBALL ASSOCIATION INC.	

Principal Place of Business P.O. BOX 1326 LAKE CITY FL 32056-1326	Mailing Address P.O. BOX 1326 LAKE CITY FL 32056-1326
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent CHRISTIE, HEYWARD 692 SW ST. MARGARET STREET LAKE CITY FL 32055

4. FEI Number 56-2368656	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 <i>Heyward Christie</i> 2/16/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME GAINER, L.J. STREET ADDRESS P.O. BOX 1326 CITY-ST-ZIP LAKE CITY FL 32056-1326	☐ Delete
TITLE VD NAME KEEN, RICHARD STREET ADDRESS P.O. BOX 1326 CITY-ST-ZIP LAKE CITY FL 32056-1326	☐ Delete
TITLE STD NAME CHRISTIE, HEYWARD STREET ADDRESS P.O. BOX 1326 CITY-ST-ZIP LAKE CITY FL 32056-1326	☐ Delete
TITLE D NAME COPPOCK, MARIO STREET ADDRESS P.O. BOX 1326 CITY-ST-ZIP LAKE CITY FL 32056-1326	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Heyward Christie</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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