

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05345

FILED  
Apr 03, 2006  
Secretary of State

Entity Name: DON BRAUN COLUMBIAN HOME, INC., OF CRESTVIEW, FLORIDA

**Current Principal Place of Business:**

701 JAMES LEE BLVD  
CRESTVIEW, FL 32539 US

**New Principal Place of Business:**

**Current Mailing Address:**

701 JAMES LEE BLVD  
CRESTVIEW, FL 32539 US

**New Mailing Address:**

FEI Number: 59-2444210      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELRAY ENTERPRISES INC.  
300 WALDEN  
CRESTVIEW, FL 32539 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: PD ( ) Delete  
Name: AREVALDO, RICARDO  
Address: 131 WILDHORSE DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

Title: VPD ( ) Delete  
Name: PETERSON, GERALD P  
Address: 3019 LASALLE COURT  
City-St-Zip: CRESTVIEW, FL 32539

Title: S ( ) Delete  
Name: MAKOWSKI, ROBERT C  
Address: 127 WINCHESTER WAY  
City-St-Zip: CRESTVIEW, FL 32539

Title: TD ( ) Delete  
Name: MCKENZIE, DAVID . W  
Address: 410 RIVERCHASE BLVD  
City-St-Zip: CRESTVIEW, FL 32539

Title: TD ( ) Delete  
Name: MARTELLO, GERALD A.  
Address: RTE. 1, BOX 314  
City-St-Zip: BAKER, FL

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RICHARDO AREVALDO

PD

04/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date