

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05345

FILED
Apr 24, 2008
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: PD (X) Change () Addition
Name: BAUER, PATRICK
Address: 432 NORTHVIEW LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: VPD (X) Change () Addition
Name: WIDMAIER, DONALD
Address: 6243 BETHANY DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: S (X) Change () Addition
Name: ILOPP, ROBERT
Address: 4589 LIVE OAK CHURCH RD
City-St-Zip: CRESTVIEW, FL 32539

Title: TD (X) Change () Addition
Name: NELSON, JAMES
Address: 6431 KYLITO CIRCLE
City-St-Zip: CRESTVIEW, FL 32539

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICK BAUER

PD

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date