

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90055 012 ****61.25

DOCUMENT # N95000001077

1. Entity Name
COLUMBIA COUNTY BUILDERS' ASSOCIATION, INC.



Principal Place of Business
323 SOUTH MARION AVENUE
LAKE CITY, FL 32025 US

Mailing Address
323 SOUTH MARION AVENUE
LAKE CITY, FL 32025 US

40053115



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 2494

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Lake City FL

Zip

Country

Zip

Country

32056

USA

0320207 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARNELL, ROBERT
323 SOUTH MARION AVENUE
LAKE CITY, FL 32025

Name
David Mangrum

Street Address (P.O. Box Number is Not Acceptable)
2091 S.W. Main Blvd.

City
Lake City FL

Zip Code
32025

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

David E. Mangrum

4-4-07

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MANGRUM, DAVID
P O BOX 533
LAKE CITY, FL 320560533 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Blake N. Lund
291 S.W. Sisters Welcome Rd
Lake City, FL 32025 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
CRAWFORD, BRIAN
2109 W US HIGHWAY 90, SUITE 170-144
LAKE CITY, FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Same ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
PARNELL, ROBERT
323 SOUTH MARION STREET
LAKE CITY, FL 32025 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Roger Wheddon
582 N.W. Brook Loop
Lake City, FL 32025 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CRAWFORD, STANLEY
1531 SW COMMERCIAL GLEN
LAKE CITY, FL 32025 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer
Frank Brown
137 Baya Drive
Lake City FL 32025 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KEEN, SAMMY
764 SW RIVERSIDE
FT WHITE, FL 32038 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Same ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
LUNDE, BLAKE N II
872 SW JAGUAR DRIVE
LAKE CITY, FL 32025 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Brian Zecker
P.O. Box 815
Lake City FL 32056 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

4-3-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #