


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90468 023 ****61.25

60045160

DOCUMENT # 701148 1. Entity Name COLUMBIANS INC. OF FT. WALTON BEACH					
Principal Place of Business 205 CAROL ST/POB 448 FT WALTON BCH, FL 32549-0448			Mailing Address POB 448 FT WALTON BCH, FL 32549-0448		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1871673	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLSON, RICHARD W 518 DORADO DRIVE FT. WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> D DAVIS, THOMAS E 807 MELISSA COURT FT WALTON BCH, FL 32547 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> D MAHER, FRANCIS 357 CORAL DR FORT WALTON BEACH, FL 32548 </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> DP PALERM-CASTRO, JORGE A 332 HOLLYWOOD BLVD SW FT WALTON BCH, FL 32548 </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> DS SCHAEFER, CHARLES W 620 SEA OATS DRIVE DESTIN, FL 32541 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> D BONCK, LAWRENCE E 108 ROBINWOOD DR. NW FORT WALTON BEACH, FL 32548 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> TD OLSON, RICHARD W. 518 DORADO DR. FT. WALTON BEACH, FL </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> PALERM-CASTRO, JORGE 332 HOLLYWOOD BLVD S.W. FT WALTON BCH FL 32548 </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> CONNORS, JOHN S 70 LINWOOD RD. N.W. FT WALTON BCH FL 32547 </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>				
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: <i>Richard W. Olson</i> RICHARD W. OLSON APR 25, 07 8502439328 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					