


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2006 8:00 am**  
**Secretary of State**

08-31-2006 90002 037 \*\*\*\*70.00

<b>DOCUMENT # 703345</b> 1. Entity Name <b>COLUMBIA CORPORATION OF ST. PETERSBURG, INC.</b>						
Principal Place of Business <b>5800 15TH AVENUE S GULFPORT, FL 33707</b>				Mailing Address <b>5800 15TH AVENUE S GULFPORT, FL 33707</b>		
2. Principal Place of Business		3. Mailing Address <b>5162 Burlington Ave. N.</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State <b>Saint Petersburg, FL</b>		4. FEI Number <b>59-6176801</b>		
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Zip <b>33710</b>		Country		08102006 Chg-NP CR2E037 (4/06)		
6. Name and Address of Current Registered Agent  <b>MULHOLLAND, DON 5162 BURLINGTON AVE N ST. PETERSBURG, FL 33710</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 reappointing) DATE</small>						
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MULHOLLAND, DON</b> <input type="checkbox"/> Delete <b>5162 BURLINGTON AVENUE N</b> <b>SAINT PETERSBURG, FL 33710</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>PRICE, GEORGE</b> <b>5217 35TH TERRACE N</b> <b>SAINT PETERSBURG, FL 33712</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HYNISH, DANIEL</b> <b>1714 60th St. S., Gulfport, FL 33707</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>SMITH, JOSEPH K</b> <b>2946 60TH STREET N</b> <b>ST. PETERSBURG, FL 33710</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.						
<b>SIGNATURE: DON MULHOLLAND</b> <i>Don Mulholland</i>				<b>8/14/6</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>727-321-8033</b> <small>Daytime Phone #</small>		