2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708682

FILED Mar 11, 2009 Secretary of State

Entity Name: THE COLUMBIAN CORPORATION OF DUNEDIN, INC.

Current Principal Place of Business:				New Principal Place of Business:		
1251 SAN CHRISTPHER DRIVE K OF C				1251 SAN CHRISTOPHER DRIVE K OF C		
DUNEDIN,	FL 34698			DUNEDIN,	FL 34698	
Current Mailing Address:				New Mailing Address:		
1251 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698				1251 SAN CHRISTOPHER DRIVE K OF C DUNEDIN, FL 34698		
FEI Number:	51-0184003	FEI Number Applied For ()	FEI Nun	nber Not Appl	licable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:		Name and	Address of	New Registered Agent:
605 PALM I DUNEDIN,	FL 33528	US	irnose o	of changing i	ts registered	office or registered agent, or both,
in the State		submits this statement for the pe	11 pose o	n changing i	is registered	office of registered agent, or both,
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ager	nt			Date
OFFICERS	AND DIREC	TORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D (CARPENTER, 1238 CORDON PALM HARBOR	'A CT		Title: Name: Address: City-St-Zip:	D (X DEROECK, G 3885 DARSTO PALM HARBO	N STREET
Title: Name: Address: City-St-Zip:	D (COLBY, JOHN 1337 LOTUS D DUNEDIN, FL			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP (CLINE, ERNIE 2771 5TH COU PALM HARBOR			Title: Name: Address: City-St-Zip:	VP (X SHERMAN, RO 300 OLD OAK PALM HARBO	CIRCLE
Title: Name: Address: City-St-Zip:	LYNCH, DONA	RE BLVD UNINT 593		Title: Name: Address: City-St-Zip:	LYNCH, DONA	RE BLVD UNIT 593
Title: Name: Address: City-St-Zip:	BREINER, ROI	RE BOULEVARD		Title: Name: Address: City-St-Zip:	KOPPIE, PAÙ	RD DRIVE NORTH
Title: Name: Address: City-St-Zip:	S (SAGER, JACK 436 HELEN ST DUNEDIN, FL			Title: Name: Address: City-St-Zip:	() Change () Addition

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: DONALD F LYNCH T 03/11/2009