


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90254 049 \*\*\*\*70.00

<b>DOCUMENT # 711354</b>	
1. Entity Name <b>COLUMBIA COUNTY WOMEN'S CLUB, INC.</b>	

Principal Place of Business <b>1171 MARTIN L KING JR DRIVE LAKE CITY FL 32055 US</b>	Mailing Address <b>P O BOX 443 LAKE CITY FL 32056-443 US</b>
---	---



2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-0685929</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MAYO, WILLIE DEAN RT 8 BOX 453 LAKE CITY FL 32055</b>		7. Name and Address of New Registered Agent Name <b>Willa Veda Cooley</b> Street Address (P.O. Box Number is Not Acceptable) <b>659 N.E. Aberdeen Ave.</b> City <b>Lake City</b> <b>FL</b> Zip Code <b>32055</b>

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 **Willa Veda Cooley** (NOTE: Registered Agent signature required when reinstating) DATE **4-22-05**

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYO, WILLIE DEAN RT 8 BOX 453 LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Willa Veda Cooley</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>659 N.E. Aberdeen Ave</b> <b>Lake City Fla. 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULDROW, GEORGIA 272 DERBY ST LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Georgia Muldrow</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 1612</b> <b>Lake City Fla. 32016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOLEY, WILLA V 1172 ABERDEEN ST LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Everlene Hamilton</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>697 NW Redding Ave.</b> <b>Lake City Fla. 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, INEZ 1390 PATTERSON ST. LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Johnson Incg</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1390 Patterson St.</b> <b>Lake City Fla 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMILTON, EVERLENA 1249 S CAROLINA STREET LAKE CITY FL 32055 <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	D ROBINSON, FRANCENA LAURA STREET LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Francena Robinson</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>245 3cm Street</b> <b>Lake City Fla. 32055</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Willa Veda Cooley** (386) 755-4963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #