

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714337

FILED
Jan 07, 2009
Secretary of State

Entity Name: COLUMBIAN ASSOCIATION OF BRADENTON, INC.

Current Principal Place of Business:

2203 30TH AVENUE WEST
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

2203 30TH AVENUE WEST
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 59-2189673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROER, RALPH A
759 OAKVIEW DR.
BRADENTON, FL 34210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GARDNER, CHARLES C
Address: 3020 21ST CT.W.
City-St-Zip: BRADENTON, FL 34205

Title: P () Delete
Name: SCHROER, RALPH A
Address: 759 OAKVIEW DR.
City-St-Zip: BRADENTON, FL 34210

Title: TD () Delete
Name: FIEGL, PAUL DAVID
Address: 808 53RD AVE EAST UNIT 279A
City-St-Zip: BRADENTON, FL 34203

Title: RST () Delete
Name: LONG, BOB
Address: 4621 34TH CT E
City-St-Zip: BRADENTON, FL 34283

Title: T () Delete
Name: GISCHEL, WALTER E JR
Address: 4609 CORAL BLVD
City-St-Zip: BRADENTON, FL 34210

Title: T () Delete
Name: CSIZINSKY, ALEXANDER
Address: 6111 8TH DR WEST
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MULVILLE, EDWARD J
Address: 87 LAKEVIEW DR
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDWARD J. MULVILLE

TRUS

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date