

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723834

FILED  
Mar 07, 2006  
Secretary of State

**Entity Name:** COLUMBIA COUNTY SENIOR SERVICES, INC.

**Current Principal Place of Business:**

480 SE CLEMENTS PL  
PO BOX 1772  
LAKE CITY, FL 320568772

**New Principal Place of Business:**

**Current Mailing Address:**

480 SE CLEMENTS PL  
PO BOX 1772  
LAKE CITY, FL 320568772

**New Mailing Address:**

**FEI Number:** 59-1447549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, KEITH  
134 SE COLBURN AVE  
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

BOWLING WARREN, FAYE  
630 NW OLD MILL DRIVE  
LAKE CITY, FL 32055 US

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: FAYE BOWLING WARREN

03/07/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOWLING WARREN, FAYE  
Address: 630 NW OLD MILL DRIVE  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: KEITH, BROWN  
Address: 134 SE COLBURN AVE  
City-St-Zip: LAKE CITY, FL 32025

Title: VD ( ) Delete  
Name: KUYKENDALL, JOHN  
Address: 229 SW MAIN BLVD  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: CROWETZ, IRV  
Address: 323 S MARION AVE  
City-St-Zip: LAKE CITY, FL 32025

Title: TD ( ) Delete  
Name: CELESTINE, LEVY  
Address: PO BOX 672  
City-St-Zip: LAKE CITY, FL 32056

Title: SD ( ) Delete  
Name: KASAK, JOHN  
Address: 904 SW SR247  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: KUYKENDALL, JOHN  
Address: 229 SW MAIN BLVD  
City-St-Zip: LAKE CITY, FL 32025

Title: SD (X) Change ( ) Addition  
Name: KASAK, JOHN  
Address: 904 SW SR247  
City-St-Zip: LAKE CITY, FL 32025

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

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

Title: ED (X) Change ( ) Addition  
Name: FREEMAN, DEBORAH B  
Address: PO BOX 1772  
City-St-Zip: LAKE CITY, FL 32056

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH B. FREEMAN

ED

03/07/2006

Electronic Signature of Signing Officer or Director

Date