

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723834

FILED
Jan 09, 2008
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:

628 SE ALLISON COURT
LAKE CITY, FL 32025

Current Mailing Address:

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

New Mailing Address:

628 SE ALLISON COURT
P.O. BOX 1772
LAKE CITY, FL 32025

FEI Number: 59-1447549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, ROBIN
1176 SE ENGLEWOOD AVENUE
LAKE CITY, FL 32025 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: PD () Delete
Name: GREEN, ROBIN
Address: 1176 SE ENGLEWOOD AVENUE
City-St-Zip: LAKE CITY, FL 32025

Title: VD () Delete
Name: DUNCAN, DONNA
Address: P.O. BOX 280
City-St-Zip: LAKE CITY, FL 32056

Title: SD () Delete
Name: PEELER, CHARLES
Address: 2054 SW DAIRY STREET
City-St-Zip: LAKE CITY, FL 32024

Title: TD () Delete
Name: FAIR, LEANNE
Address: 181 SW HUNTINGTON GLEN
City-St-Zip: LAKE CITY, FL 32024

Title: ED () Delete
Name: FREEMAN, DEBORAH B
Address: P.O. BOX 1772
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: DUNCAN, DONNA
Address: P.O. BOX 280
City-St-Zip: LAKE CITY, FL 320560280

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: 628 SE ALLISON COURT
City-St-Zip: LAKE CITY, FL 32025

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: DEBORAH B. FREEMAN

ED

01/09/2008

Electronic Signature of Signing Officer or Director

Date