

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723834

FILED
Jan 11, 2011
Secretary of State

Entity Name: COLUMBIA COUNTY SENIOR SERVICES, INC.

Current Principal Place of Business:

628 SE ALLISON COURT
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1447549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEELER, CHARLES
2054 SW DAIRY STREET
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

HALEY, DR. JIMBO
618 S. MARION AVENUE #105
LAKE CITY, FL 32025 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: DR. JIMBO HALEY

01/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HALEY, DR. JIMBO
Address: 618 S. MARION AVENUE #105
City-St-Zip: LAKE CITY, FL 32025

Title: VD
Name: ZECHER, BRYAN
Address: PO BOX 815
City-St-Zip: LAKE CITY, FL 32056

Title: SD
Name: BEDOYA, CAROLINA C
Address: 4206 NW WISTERIA DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: TD
Name: PERRY, LARRY
Address: 4180 S US HWY 441
City-St-Zip: LAKE CITY, FL 32025

Title: ED
Name: FREEMAN, DEBORAH B
Address: 628 SE ALLISON COURT
City-St-Zip: LAKE CITY, FL 32025

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH B. FREEMAN

ED

01/11/2011

Electronic Signature of Signing Officer or Director

Date