

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90017 008 ****70.00

DOCUMENT # 727414

1. Entity Name
COLUMBIA COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business
C/O GARY SHIELDS
1756 SW BARNETT WAY
LAKE CITY, FL 32025 US

Mailing Address
1756 SW BARNETT WAY
LAKE CITY, FL 32025 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7362581

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONE, J.I.
424 E CAMP ST
LAKE CITY, FL 32055

Name R. Gary Shields
Street Address (P.O. Box Number is Not Acceptable)

1756 SW Barnett Way
City Lake City FL Zip Code 32025

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☒ Delete
NAME NELSON, BLOCKER
STREET ADDRESS 867 S 7TH ST
CITY-ST-ZIP LAKE CITY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SHIELDS, GARY
STREET ADDRESS 1756 SW BARNETT WAY
CITY-ST-ZIP LAKE CITY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME WITT, GERALD
STREET ADDRESS 1720 PERRY ST
CITY-ST-ZIP LAKE CITY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MANN, MARION
STREET ADDRESS RT 2 BOX 54
CITY-ST-ZIP LAKE CITY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MOORE, ESTER
STREET ADDRESS RT 1 BOX 247
CITY-ST-ZIP LAKE CITY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HAWORTH, BERNICE
STREET ADDRESS 802 E PUTMAN ST
CITY-ST-ZIP LAKE CITY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-04

Date

386-752-8264

Daytime Phone #