

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90009 045 \*\*\*\*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

**50002656**



01122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

SHIELDE, GARY R  
1756 SW BARNETT WAY  
LAKE CITY, FL 32025

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

T  
SHIELDS, GARY  
1756 SW BARNETT WAY  
LAKE CITY, FL

P  
WITT, GERALD  
1720 PERRY ST  
LAKE CITY, FL

D  
MANN, MARION  
RT 2 BOX 54  
LAKE CITY, FL

D  
MOORE, ESTER  
RT 1 BOX 247  
LAKE CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** R. Gary Shields  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2005 386-752-8264  
Date Daytime Phone #