

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

07-19-2006 90003 023 ****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		
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 SHIELDS, GARY R 1756 SW BARNETT WAY LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 renewing)					
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	T SHIELDS, GARY 1756 SW BARNETT WAY LAKE CITY, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITT, GERALD 1720 PERRY ST LAKE CITY, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, MARION RT 2 BOX 54 LAKE CITY, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ESTER RT 1 BOX 247 LAKE CITY, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carol Leticia Terry PO Box 2437 Lake City, FL 32036-2437	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Digna Pearce Ross Rt 16, Box 198 Lake City, FL 32050	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>R Gary Shields RG Shields</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>7-6-06</u> Daytime Phone # <u>386-752-8264</u>		

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