


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90258 032 ****61.25

DOCUMENT # 727414 1. Entity Name COLUMBIA COUNTY HISTORICAL SOCIETY, INC.					
Principal Place of Business G/O GARY SHIELDS HE DIED 12-06. 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 - No P.O. Box # SHIELDS & JOHNSON P.A.		3. Mailing Address LAKE CITY-COLUMBIA CO. MUSEUM			
Suite, Apt. #, etc. 1756 SW BARNETT WAY		Suite, Apt. #, etc. 157 SE HERNANDO AVENUE			
City & State LAKE CITY, FLA		City & State LAKE CITY, FLA			
Zip 32025 Country USA		Zip 32025 Country USA		4. FEI Number 23-7362581	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 Dr SEAN MCMAHON Street Address (P.O. Box Number is Not Acceptable) LAKE CITY-COLUMBIA COUNTY HISTORICAL MUSEUM 157 SE HERNANDO AVENUE 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 <u>Sean H. McMahon</u> SEAN H. MCMAHON 4-18-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DOT JEAN GREEN 1756 SW BARNETT WAY 668 SW CHURCH AVENUE LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERRY, CAROL L PO BOX 2437 LAKE CITY, FL 32056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERRY, CAROL L 8842 SW 5th 247 LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, DIANNA P RT 16 BOX 798 LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Dr. SEAN MCMAHON 121 SE WOODHAVEN ST LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER BILLY WHEELER 259 SW DILLON RD GLN LAKE CITY, FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER EVENETT BIRCHARD 4905 SE LLEWELLYN AVE LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER NANCY WHEATON 344 NW ZACK DR LAKE CITY, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>Sean H. McMahon</u> SEAN H. MCMAHON			4-18-07 (386) 754-4293		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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