

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 10 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312008 REIN-NP CR2E099 (1/07)

DOCUMENT # 727414 1. Entity Name COLUMBIA COUNTY HISTORICAL SOCIETY, INC.					
Principal Place of Business 1756 SW BARNETT WAY LAKE CITY, FL 32025 US			Mailing Address LAKE CITY COLUMBIA CO. MUSEUM 1756 SE HERNANDO AVE LAKE CITY, FL 32025 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7362581	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCMAHON, SEAN DR LAKE CITY COLUMBIA COUNTY HISTORIAL MUSEUM 157 SE HERNANDO AVE LAKE CITY, FL 32025			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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50			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 GREEN, JEAN D 668 SW CHURCH AVE LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800137787358 11/10/08--01041--014 **236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERRY, CAROL L 8842 SW STATE ROAD 247 LAKE CITY, FL 32024		REINSTATEMENT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMAHON, SEAN DR 121 SE WOODHAVEN STREET LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOB WHEELER, BILLY 259 SW DILLOWING GLN LAKE CITY, FL 32024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOB BINCHARD, EVERETT 4905 SE SLEWELLYN AVE LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOB WHEATON, NANCY 344 NW ZACK DR LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10-31-08 (386) 754-4293 <small>Date Daytime Phone #</small>		