

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727414

FILED
Apr 08, 2009
Secretary of State

Entity Name: COLUMBIA COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

1756 SW BARNETT WAY
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

LAKE CITY COLUMBIA CO. MUSEUM
1756 SE HERNANDO AVE
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 23-7362581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMAHON, SEAN DR
LAKE CITY COLUMBIA COUNTY HISTORIAL MUSEUM
157 SE HERNANDO AVE
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GREEN, JEAN D
Address: 668 SW CHURCH AVE
City-St-Zip: LAKE CITY, FL 32025

Title: S () Delete
Name: TERRY, CAROL L
Address: 8842 SW STATE ROAD 247
City-St-Zip: LAKE CITY, FL 32024

Title: P () Delete
Name: MCMAHON, SEAN DR
Address: 121 SE WOODHAVEN STREET
City-St-Zip: LAKE CITY, FL 32025

Title: MOB () Delete
Name: WHEELER, BILLY
Address: 259 SW DILLOWING GLN
City-St-Zip: LAKE CITY, FL 32024

Title: MOB () Delete
Name: BINCHARD, EVERETT
Address: 4905 SE SLEWELLYN AVE
City-St-Zip: LAKE CITY, FL 32025

Title: MOB () Delete
Name: WHEATON, NANCY
Address: 344 NW ZACK DR
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN H. MCMAHON

DR

04/08/2009

Electronic Signature of Signing Officer or Director

Date