

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 727978 1. Entity Name BOYS' CLUB OF COLUMBIA COUNTY, INC.	
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Principal Place of Business PO BOX 1342 JONES RD LAKE CITY, FL 32056-1342 US	Mailing Address PO BOX 1342 JONES RD LAKE CITY, FL 32056-1342 US
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04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1376908	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRIFFIN, THOMAS A PINEMONT RD (252) WELLBORN, FL 32094

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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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000139034
04/29/04-80105-011 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, THOMAS PINEMONT RD. (252) WELLBORN, FL 32094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, WANDA HIGHWAY 240 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILL, THEDA 805 COUNTRY CLUB ROAD LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSEE, EDITH MARYLAND ST. LAKE CITY, FL 32055
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: **THOMAS E. Griffin** Date **4-27-04**