2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 727978

Entity Name: BOYS' CLUB OF COLUMBIA COUNTY, INC.

Current Principal Place of Business:

PO BOX 1342 JONES RD
LAKE CITY, FL 320561342 US

New Principal Place of Business:

279 N.E.JONES WAY
LAKE CITY, FL 320561342 US

Current Mailing Address:

PO BOX 1342 JONES RD
LAKE CITY, FL 320561342 US

New Mailing Address:

PO BOX 1342
LAKE CITY, FL 320561342 US

FEI Number: 59-1376908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, WANDA
2849 SW CR 240
LAKE CITY, FL 32094 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: VD ( ) Delete
Name: NORTON, JAMES
Address: 3367 US 441
City-St-Zip: LAKE CITY, FL 32025

Title: PD ( ) Delete
Name: JONES, WANDA
Address: 2849 SW CR 240
City-St-Zip: LAKE CITY, FL 32094

Title: TD ( ) Delete
Name: HILL, THEDA
Address: 805 COUNTRY CLUB ROAD
City-St-Zip: LAKE CITY, FL 32055

Title: SD ( ) Delete
Name: MARSEE, EDITH
Address: MARYLAND ST.
City-St-Zip: LAKE CITY, FL 32055

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
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: WANDA JONES PD 04/28/2008
Electronic Signature of Signing Officer or Director — Date