2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# 731767

Entity Name: THE FLORIDA COLOMBIA PARTNERS, INC.

Current Principal Place of Business:

CAMPUS BOX 8263
RM 216 DAVIS HALL STETSON UNIVERSITY
DELAND, FL 32723 US

New Principal Place of Business:

Current Mailing Address:

CAMPUS BOX 8263
RM 216 DAVIS HALL STETSON UNIVERSITY
DELAND, FL 32723 US

New Mailing Address:

FEI Number: 59-1635042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHORR, JOHN K PHD
2750 OCEAN SHORE BLVD. #3
ORMOND-BY-THE-SEA, FL 32176 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:	TRUJILLO, MARCELO	
Address:	3239 SOUTH STREET LUCIE DRIVE	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	VD	( ) Delete
Name:	GOMEZ, LUZ STELLA	
Address:	3186 QUAIL DR.	
City-St-Zip:	DELTONA, FL 32738	
Title:	VD	( ) Delete
Name:	BURRIS-MEYERS, ANITA	
Address:	661 GOLDEN HANBOUR DRIVE	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	TD	( ) Delete
Name:	RUIZ, CLEMENCIA	
Address:	2100 N ATLANTIC HANBOUR DRIVE APT P112	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	SD	( ) Delete
Name:	ROBERTS, KATHLEEN	
Address:	2018 QUEEN PALM DR.	
City-St-Zip:	EDGEWATER, FL 32141	
Title:	P	( ) Delete
Name:	SCHORR, JOHN	
Address:	2750 OCEAN SHORE BLVD #3	
City-St-Zip:	ORMOND-BY-THE-SEA, FL 32176	

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:	
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 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: JOHN K. SCHORR P 01/13/2006

Electronic Signature of Signing Officer or Director — Date