

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731767

FILED  
Aug 20, 2007  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCHORR, JOHN K PHD  
2750 OCEAN SHORE BLVD. #3  
ORMOND-BY-THE-SEA, FL 32176 US

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: VD (X) Change ( ) Addition  
Name: BURRIS-MEYERS, ANITA  
Address: 2105 NORMANDY DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

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

Title: SD (X) Change ( ) Addition  
Name: MCKELLAR, ALISON  
Address: 1545 SPRING GARDEN RANCH RD.  
City-St-Zip: DELEON SPRINGS, FL 32130

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: JOHN K. SCHORR

P

08/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date