

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741380

FILED
Jan 09, 2008
Secretary of State

Entity Name: LEHIGH ACRES COLUMBIAN HOME, INC.

Current Principal Place of Business:

2514 LEE BLVD.
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 641
LEHIGH ACRES, FL 33971 US

New Mailing Address:

FEI Number: 59-1807233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, EDWARD A
2703 8TH ST. W
LEHIGH ACRES, FL 33971 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: D () Delete
Name: ORZAPOWSKI, HENRY
Address: 612 GRAND VIEW CT.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: GALANTE, VINCENT
Address: 336 GARLAND CT.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: MCNULTY, JAMES
Address: 10624 BAYTREE CT.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP () Delete
Name: BESSE, DONALD
Address: 211 MCARTHUR AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: P () Delete
Name: SMITH, EDWARD A
Address: 2703 8TH ST. W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S () Delete
Name: MAGNO, CARL
Address: 20004 LAKE VISTA CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936

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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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: EDWARD A. SMITH

PRES

01/09/2008

Electronic Signature of Signing Officer or Director

Date