


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90037 030 ****61.25

DOCUMENT # 752677 1. Entity Name COLUMBIA CLUB OF MILTON, INC.						
Principal Place of Business 5470 DOGWOOD DRIVE NW PO BOX 951 MILTON FL 32572			Mailing Address 5470 DOGWOOD DRIVE NW PO BOX 951 MILTON FL 32572			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent FR. THOMAS G. LORIGAN KOFC COUNCIL 7027 5470 DOGWOOD DRIVE NW PO BOX 951 MILTON FL 32572				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOEBEL, JERRY L			NAME		
STREET ADDRESS	6656 LEOPARD ROAD			STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32-583			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TYLER, JAMES			NAME		
STREET ADDRESS	5226 SEWELL			STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARRICK, COY			NAME		
STREET ADDRESS	5451 OAK MEADOW DR			STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, ROB			NAME		
STREET ADDRESS	3206 ST. ANDREWS DR			STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHALLUE, KENNETH			NAME		
STREET ADDRESS	4232 GALT CITY ROAD			STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32583			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Robert A. Herring 2/28/06 850-981-1061