



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90019 027 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																																			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE																																																																																																																																																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div> 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 </div> <div> 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ </div> </div>																																																																																																																																																																					
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.																																																																																																																																																																					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2008		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																																																																																																																																																																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jerry L Goebel</i> 4/10/08 ⁸⁵⁰ 626-9337 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																					