


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90030 002 ****70.00

DOCUMENT # 757648					
1. Entity Name COLUMBIANS INC., OF NICEVILLE-VALPARAISO, FLORIDA					
Principal Place of Business C/O K. OF C. COUNCIL 7667 P.O. BOX 657 NICEVILLE, FL 32588-0657			Mailing Address C/O K. OF C. COUNCIL 7667 P.O. BOX 657 NICEVILLE, FL 32588-0657		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2461753

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VAN HOUTEN, LAURENCE P. 1746 18TH STREET NICEVILLE, FL 32578		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUFFY, JERRY B			NAME			
STREET ADDRESS	1288 BAYSHORE DR			STREET ADDRESS			
CITY-ST-ZIP	VALPARAISO, FL 32580			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESCHMANN, KARL J			NAME			
STREET ADDRESS	326 KILLARNEY ROAD			STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE, FL 32578			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOERSCHER, ROBERT J			NAME			
STREET ADDRESS	88 BONAIRE BLVD			STREET ADDRESS			
CITY-ST-ZIP	DESTIN, FL 32550			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBERT, GEORGE A			NAME			
STREET ADDRESS	534 22ND STREET			STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE, FL 32578			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIBERATORI, FRANCIS J			NAME	Laurence P. Van Houten		
STREET ADDRESS	206 GALWAY DRIVE			STREET ADDRESS	1746 18th Street		
CITY-ST-ZIP	NICEVILLE, FL 32578			CITY-ST-ZIP	Niceville, FL 32578		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN, CHARLES O			NAME			
STREET ADDRESS	113 TERESA COURT			STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE, FL 32578			CITY-ST-ZIP			

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:  George A. Lambert, President 01-06-06 (850) 678-2756