

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90030 001 ****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 - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01122007 Chg-NP CR2E037 (12/06)

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

VAN HOUTEN, LAURENCE P.
1746 18TH STREET
NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

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 filed if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DUFFY, JERRY B	
STREET ADDRESS	1288 BAYSHORE DR	
CITY-ST-ZIP	VALPARAISO, FL 32580	
TITLE	S	<input type="checkbox"/> Delete
NAME	ESCHMANN, KARL J	
STREET ADDRESS	326 KILLARNEY ROAD	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOERSCHEL, ROBERT J	
STREET ADDRESS	88 BONAIRE BLVD	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAMBERT, GEORGE A	
STREET ADDRESS	534 22ND STREET	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN HOUTEN, LAURENCE P	
STREET ADDRESS	1746 18TH STREET	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, CHARLES O	
STREET ADDRESS	113 TERESA COURT	
CITY-ST-ZIP	NICEVILLE, FL 32578	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ritchie, Patrick A.	
STREET ADDRESS	505 Wexford Circle	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Van Houten, Laurence P.	
STREET ADDRESS	1746 18th Street	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coleman, Edward A.	
STREET ADDRESS	1341 Ruckel Drive	
CITY-ST-ZIP	Niceville, FL 32578	

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 **George A. Lambert, President** 01-24-07 (850) 678-2756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #