


2064 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

003367

DOCUMENT # 764201			
1. Entity Name CHRISTIAN SERVICE CENTER OF COLUMBIA COUNTY, INC			
Principal Place of Business %CHRISTIAN SERVICE CENTER 103 WEST DESOTA STREET, P O BOX 2285 LAKE CITY FL 32056-2285 US		Mailing Address 103 WEST DESOTA STREET P O BOX 2285 LAKE CITY FL 32056-2285 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2260690		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDSON, HENRY RT 4 BOX 206 LAKE CITY FL 32024		7. Name and Address of New Registered Agent Name Evelyn Reeder Street Address (P.O. Box Number is Not Acceptable) Rt 22 Box 22552 Lake City City FL Zip Code 32024	
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 <u>Evelyn Reeder</u> 800027873258 01/29/04--01033--012 ***\$1.25 1-21-04 (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	VD KING, JACK 29 HIGH LAND CT LAKE CITY FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VASS, TED 12 HILLSIDE DR LAKE CITY, FL 32025 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VASS, TED 12 HILLSIDE DR LAKE CITY FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President WRIGHT, EILEEN D RT 18, BOX 630 LAKE CITY, FL 32025 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARDSON, HENRY T RT 4 BOX 206 LAKE CITY FL 32024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Evelyn Reeder Rt 22, Box 22552 Lake City, FL 32024 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, EILEEN D RT. 18 BOX 630 LAKE CITY FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Laura Wabamith Rt 22, Box 22552 Lake City, FL 32024 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MCMANUS, SHIRLEY RT 18 BOX 634-5 LAKE CITY FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Int. Director mcmamus, shirley Rt 18, Box 634-5 Lake City, FL 32025 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Evelyn Reeder</u> REQUIR 1-21-04 386-755-1770			

CR2E037 (10/02)