


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90079 043 \*\*\*\*61.25

<b>DOCUMENT # 764201</b>	
<b>1. Entity Name</b> CHRISTIAN SERVICE CENTER OF COLUMBIA COUNTY, INC.	

<b>Principal Place of Business</b> % CHRISTIAN SERVICE CENTER 103 WEST DESOTA STREET, P.O. BOX 2285 LAKE CITY FL 32056-2285 US	<b>Mailing Address</b> 103 WEST DESOTA STREET P.O. BOX 2285 LAKE CITY FL 32056-2285 US
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<b>2. Principal Place of Business</b> 441 NW Washington Street	<b>3. Mailing Address</b> P.O. Box 2285
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Lake City, Florida	<b>City &amp; State</b> Lake City, Florida
<b>Zip</b> 32056	<b>Zip</b> 32056
<b>Country</b> Columbia	<b>Country</b> Columbia



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-2260690	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> REEDER, EVELYN RT 22 BOX 22552 LAKE CITY FL 32024	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> Elsie Holliday <b>Street Address (P.O. Box Number is Not Acceptable)</b>  <b>City</b> Lake City <b>FL</b> <b>Zip Code</b>
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**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** *Elin S. Holliday* **DATE** 2-23-05  
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> P <b>NAME</b> VASS, TED <b>STREET ADDRESS</b> 12 HILLSIDE DR <b>CITY-ST-ZIP</b> LAKE CITY FL 32025	<input type="checkbox"/> Delete 258 SE Hillside Pkwy	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> WRIGHT, EILEEN <b>STREET ADDRESS</b> RT 10 BOX 630 <b>CITY-ST-ZIP</b> LAKE CITY FL 32025	<input type="checkbox"/> Delete 1805 W Cessna	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T <b>NAME</b> REEDER, EVELYN <b>STREET ADDRESS</b> RT 22 BOX 22552 <b>CITY-ST-ZIP</b> LAKE CITY FL 32024	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> T <b>NAME</b> Elsie Holliday <b>STREET ADDRESS</b> 116 SE Kiwi Way <b>CITY-ST-ZIP</b> Lake City, FL 32025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> SADSMITH, LAURA <b>STREET ADDRESS</b> RT 22 BOX 2405 <b>CITY-ST-ZIP</b> LAKE CITY FL 32024	<input type="checkbox"/> Delete 212 SW Justin Glen	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> MCMANUS, SHIRLEY <b>STREET ADDRESS</b> RT 10 BOX 630-5 <b>CITY-ST-ZIP</b> LAKE CITY FL 32025	<input type="checkbox"/> Delete 190 SW Lockheed Ln	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<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:** *Elsie S. Holliday* *Elin S. Holliday* **DATE** 2/23/05 **Daytime Phone #** 386-755-1770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR