


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 764201	
1. Entity Name CHRISTIAN SERVICE CENTER OF COLUMBIA COUNTY, INC.	

Principal Place of Business 441 NW WASHINGTON STREET LAKE CITY, FL 32056 US	Mailing Address P.O. BOX 2285 LAKE CITY, FL 32056 US
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DO NOT WRITE IN THIS SPACE



04102006 No Chg-NP CR2E037 (11/05)

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 HOLLIDAY, ELSIE RT 22 BOX 22552 LAKE CITY, FL 32024
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$51.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASS, TED 258 SE HILLSIDE PKWY LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, EILEEN 180 SW CESS NR LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLIDAY, ELSIE 116 SE KIM WAY LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALSMITH, LAURA 212 SW JUSTIN LN LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANUS, SHIRLEY 190 SW LOCKHEAD LN LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Elsie S. Holliday Elsie S. Holliday 4/10/06 356-755-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #