

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90023 043 \*\*\*\*61.25

<b>DOCUMENT # 764201</b>	
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



01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 116 SE KIWI WAY LAKE CITY, FL 32025	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASS, TED 258 SE HILLSIDE PKWY LAKE CITY, FL 32025 <i>Eileen Wright 180 SW Cessna Ct Lake City, FL 32025</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, EILEEN 180 SW CESS NR LAKE CITY, FL 32025 <i>Mike Marcellino 216 SW Main Blvd Lake City, FL 32025</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLIDAY, ELSIE 116 SE KIWI 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	

**DO NOT WRITE  
IN THIS SPACE**

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: *Elin S. Holliday* 2/12/08 386-755-1770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #