


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90153 038 \*\*\*\*61.25

<b>DOCUMENT # N02000007908</b> 1. Entity Name COLUMBIA HIGH DUGOUT CLUB, INC.					
Principal Place of Business P.O. BOX 3604 LAKE CITY, FL 32056			Mailing Address P.O. BOX 3604 LAKE CITY, FL 32056		
2. Principal Place of Business PO Box 3604 Suite, Apt. #, etc.			3. Mailing Address PO Box 3604 Suite, Apt. #, etc.		
City & State Lake City, FL		City & State Lake City, FL		4. FEI Number 59-3609854	
Zip 32025		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLASS, MARILYN G 510 SW BRODERICK DR LAKE CITY, FL 32025				7. Name and Address of New Registered Agent Name: Sandi R Boris Street Address (P.O. Box Number is Not Acceptable): 164 SW Vermont Way City: Lake City, FL Zip Code: 32025	
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: Sandi R Boris Sandi R. Boris 4/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISHEP, ROBERT P JR. RT. 15, BOX 3114 LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richard Collins 321 SW Emerald Street LAKE CITY, FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, JOSPEH E 2242 NW SAVANNAH LOOP LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFF COX 237 SE Rodney Dicks Drive LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOUGLASS, MARILYN G 510 SW BRODERICK DR LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sandi R. Boris 164 SW Vermont Way LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULLER, MARGARET G RT. 26, BOX 70604 LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Debbie Spencer 446 SE Andrews Drive LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" 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
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 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: Sandi R. Boris T. 4/6/06 386-755-4418 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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