2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007908

Entity Name: COLUMBIA HIGH DUGOUT CLUB, INC.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 3604 469 SE FIGHTING TIGER DR LAKE CITY, FL 32025 LAKE CITY, FL 32056

Current Mailing Address: New Mailing Address:

P.O. BOX 3604 P.O. BOX 3604

LAKE CITY, FL 32025 LAKE CITY, FL 32056

FEI Number: 59-3609854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOHRN, WENDY L
270 SE EMERSON CT
LAKE CITY, FL 32025 US

GILLIAM, TIM
518 SW SAN JUAN PL
LAKE CITY, FL 32025 US

LAKE CITY, FL 32025 US

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.

SIGNATURE: TIM GILLIAM 01/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

le: P () Delete Title: P (X) Change () Addition

 Name:
 SCOTT, BEN
 Name:
 GILLIAM, TIM

 Address:
 818 NW SAVANNAH CIR
 Address:
 518 SW SAN JUAN PL

 City-St-Zip:
 LAKE CITY, FL 32025
 City-St-Zip:
 LAKE CITY, FL 32025

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 GILLIAN, TIM
 Name:
 BAILEY, GREG

 Address:
 518 SW SAN JUAN PLACE
 Address:
 904 SW RIDGE ST

 City-St-Zip:
 LAKE CITY, FL 32025
 City-St-Zip:
 LAKE CITY, FL 32025

 Name:
 DOHRN, WENDY
 Name:
 SCOTT, CAMMY

 Address:
 270 SE EMERSON CT
 Address:
 818 NW SAVANNAH

 City-St-Zip:
 LAKE CITY, FL 32025
 City-St-Zip:
 LAKE CITY, FL 32055

 Name:
 LEE, DONNA
 Name:
 THOMAS, KATHY

 Address:
 709 SE ELOISE AVE
 Address:
 9831 N US HWY 441

 City-St-Zip:
 LAKE CITY, FL 32025
 City-St-Zip:
 LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMMY SCOTT T 01/27/2009