

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 FEB 17 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



MOORE CR2E037 (11/03)

DOCUMENT # N03000001654 1. Entity Name THE COLUMBIAN ASSOCIATION OF JACKSONVILLE, FLORIDA, INC			
Principal Place of Business		Mailing Address	
3920 OLD MIDDLEBURG ROAD JACKSONVILLE FL 32210		3920 OLD MIDDLEBURG ROAD JACKSONVILLE FL 32210	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'BRIEN, JOHN D 3920 OLD MIDDLEBURG ROAD JACKSONVILLE FL 32210		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P MOORE, LEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7403 PROXIMA ROAD	NAME	400030103334
STREET ADDRESS	JACKSONVILLE FL 32210	STREET ADDRESS	03/09/04--01041--020 **75.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V EBREO, RICHARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1524 ROBINSON AVE	NAME	
STREET ADDRESS	JACKSONVILLE FL 32205	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T GRUNDIG, GEORGE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	568 GEORGE TAYLOR STREET	NAME	
STREET ADDRESS	ORANGE PARK FL 32078	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S AVILES, NELSON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5928 FIRESTONE RD., #267	NAME	
STREET ADDRESS	JACKSONVILLE FL 32244	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CAPUANO, NICHOLAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8584 LENOX AVE	NAME	
STREET ADDRESS	JACKSONVILLE FL 32221	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D TOOMEY, STEVEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3864 BRAMBLE RD	NAME	
STREET ADDRESS	JACKSONVILLE FL 32210	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>George J. Grundig</i> GEORGE J. GRUNDIG.		Date: 2/10/04 (904) 272-0172	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	