


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000001654</b> 1. Entity Name <b>THE COLUMBIAN ASSOCIATION OF JACKSONVILLE, FLORIDA, INC</b>					
Principal Place of Business 3920 OLD MIDDLEBURG ROAD JACKSONVILLE, FL 32210		Mailing Address 3920 OLD MIDDLEBURG ROAD JACKSONVILLE, FL 32210			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>59-1349292</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'BRIEN, JOHN D</b> <b>3920 OLD MIDDLEBURG ROAD</b> <b>JACKSONVILLE, FL 32210</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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 _____ <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</b> <b>Due by October 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	P <b>MOORE, LEO</b> <b>7403 PROXIMA ROAD</b> <b>JACKSONVILLE, FL 32210</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>EBREO, RICHARD</b> <b>1524 ROBINSON AVE</b> <b>JACKSONVILLE, FL 32205</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300060259093</b> <b>10/05/05--01056--002 **70.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>GRUNDIG, GEORGE</b> <b>568 GEORGE TAYLOR STREET</b> <b>ORANGE PARK, FL 32078</b>	<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	S <b>AVILES, NELSON</b> <b>5928 FIRESTONE RD., #287</b> <b>JACKSONVILLE, FL 32244</b>	<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	D <b>CAPUANO, NICHOLAS</b> <b>8584 LENOX AVE</b> <b>JACKSONVILLE, FL 32221</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>THOMAS CLAUDIO</b> <b>1684 SPRING BRANCH DR E</b> <b>JACKSONVILLE, FL 32221</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TOOMEY, STEVEN</b> <b>3864 BRAMBLE RD</b> <b>JACKSONVILLE, FL 32210</b>	<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 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: _____ <b>NELSON A. AVILES - SECRETARY</b> <b>9/15/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09132005 Chg-NP CR2E037 (10/03)

(904) 317-9750