

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001654

FILED
Mar 09, 2007
Secretary of State

Entity Name: THE COLUMBIAN ASSOCIATION OF JACKSONVILLE, FLORIDA. INC

Current Principal Place of Business:

3920 OLD MIDDLEBURG ROAD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

3920 OLD MIDDLEBURG ROAD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-1349292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILL, HARRY
3920 OLD MIDDLEBURG ROAD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MOORE, LEO
Address: 7403 PROXIMA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: P () Delete
Name: MCGILL, HARRY
Address: 3920 OLD MIDDLEBURG RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: TOOMEY, STEVE
Address: 3864 BRAMBLE RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: EBREO, CHRISTOPHER
Address: 3564 ANVERS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: CLAUDIO, THOMAS
Address: 1684 SPRING BRANCH DR E
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: AVILES, NELSON
Address: 3920 OLD MIDDLEBURG RD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE TOOMEY

T

03/09/2007

Electronic Signature of Signing Officer or Director

_____ Date