## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001654

FILED Feb 22, 2009 Secretary of State

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

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

3920 OLD MIDDLEBURG ROAD JACKSONVILLE, FL 32210

Current Mailing Address: New Mailing Address:

3920 OLD MIDDLEBURG ROAD JACKSONVILLE, FL 32210

FEI Number: 59-1349292 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:

MCGILL, HARRY
3920 OLD MIDDLEBURG ROAD
AVILES, NELSON A
3920 OLD MIDDLEBURG ROAD

3920 OLD MIDDLEBURG ROAD

JACKSONVILLE, FL 32210 US

3920 OLD MIDDLEBURG ROAD

JACKSONVILLE, FL 32210 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: NELSON A. AVILES 02/22/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: MOORE, LEO Name: ROSSI, FRANK
Address: 7403 PROXIMA POAD

Address: 7403 PROXIMA ROAD Address: 3312 ST JOHNS AVE
City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32205

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: MCGILL, HARRY Name: AVILES, NELSON A

Address: 3920 OLD MIDDLEBURG RD Address: 2153 LAKE SHORE BLVD City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32205

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LATO, EDDIE
 Name:

 Address:
 1540 LAVILLA DR NORTH
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:

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

 Name:
 ROSSI, FRANK
 Name:
 BOBOLA, EDWARD

 Address:
 3312 ST. JOHNS AVE
 Address:
 8170 CHERYL ANN LN

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:
 JACKSONVILLE, FL 32244

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CLAUDIO, THOMAS
 Name:

 Address:
 1684 SPRING BRANCH DR E
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:

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

Name:AVILES, NELSÓNName:KANZASZKA, CHARLES JRAddress:3920 OLD MIDDLEBURG RDAddress:660 WELLHOUSE DRCity-St-Zip:JACKSONVILLE, FL 32210City-St-Zip:JACKSONVILLE, FL 32220

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: NELSON A. AVILES PRES 02/22/2009