

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90185 016 ****70.00

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1. Entity Name

COLUMBIA YOUTH FOOTBALL ASSOCIATION INC.



Principal Place of Business

P.O. BOX 1326
LAKE CITY FL 32056-1326

Mailing Address

P.O. BOX 1326
LAKE CITY FL 32056-1326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2368656

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIE, HEYWARD
692 SW ST. MARGARET STREET
LAKE CITY FL 32055

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GAINER, L.J.
STREET ADDRESS P.O. BOX 1326
CITY-ST-ZIP LAKE CITY FL 32056-1326

TITLE VD ☐ Delete
NAME KEEN, RICHARD
STREET ADDRESS P.O. BOX 1326
CITY-ST-ZIP LAKE CITY FL 32056-1326

TITLE STD ☐ Delete
NAME CHRISTIE, HEYWARD
STREET ADDRESS P.O. BOX 1326
CITY-ST-ZIP LAKE CITY FL 32056-1326

TITLE D ☐ Delete
NAME COPPOCK, MARIO
STREET ADDRESS P.O. BOX 1326
CITY-ST-ZIP LAKE CITY FL 32056-1326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☒ Change ☐ Addition
NAME MARIO Coppock
STREET ADDRESS P.O. Box 1326
CITY-ST-ZIP Lake City, FL 32056-1326

TITLE DIRECTOR ☐ Change ☒ Addition
NAME Jeffrey Tyre
STREET ADDRESS P.O. Box 1326
CITY-ST-ZIP Lake City, FL 32056-1326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Howard Christie*