

**ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

95 MAY -1 PM 1:49

DOCUMENT # N14681 (3)
1. Corporation Name
COLUMBIA LITERACY COUNCIL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 480 N COLUMBIA ST LAKE CITY FL 32053
Mailing Address: 490 N COLUMBIA ST LAKE CITY FL 32053

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 05/01/1986	3a. Date of Last Report 02/24/1994
4. FBI Number 59-2865037	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

FRASER, RUTH
480 N COLUMBIA ST
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEIDG, DONALD H. (N/A)
STREET ADDRESS	RT 9 BOX 492
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	D
NAME	MALYBURTON, MARY
STREET ADDRESS	150 BURKE ST.
CITY-ST-ZIP	LAKE CITY FL
TITLE	D
NAME	COLLINS, JULIAN E. (N/A)
STREET ADDRESS	RT 3 BOX 331
CITY-ST-ZIP	LAKE CITY FL
TITLE	TD
NAME	BREWER, DAVID
STREET ADDRESS	1420 S. FIRST ST.
CITY-ST-ZIP	LAKE CITY FL
TITLE	SD
NAME	ALDERMAN, NORVELLE (N/A)
STREET ADDRESS	RT 9 BOX 1058
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	VD
NAME	NEWSOM, BILL (N/A)
STREET ADDRESS	194 SHELBY DR.
CITY-ST-ZIP	LAKE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Alderman, Norvelle (N/A)	
1.3 STREET ADDRESS	Rt. 9, Box 1058	
1.4 CITY-ST-ZIP	Lake City, FL 32024	
2.1 TITLE	VP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	Virginia Giebeig (N/A)	
2.3 STREET ADDRESS	Rt. 8, Box 467	
2.4 CITY-ST-ZIP	Lake City, FL 32025	
3.1 TITLE	S/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	Julian E. Collins (N/A)	
3.3 STREET ADDRESS	Rt. 3, Box 331	
3.4 CITY-ST-ZIP	Lake City, FL 32025	
4.1 TITLE	T/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	Maizie Randolph	
4.3 STREET ADDRESS	14 Chapel Hill Blvd.	
4.4 CITY-ST-ZIP	Lake City, FL 32025	
5.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	Janet Hendrickson (N/A)	
5.3 STREET ADDRESS	P. O. Box 1176	
5.4 CITY-ST-ZIP	Lake City, FL 32056	
6.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	Charlotte James	
6.3 STREET ADDRESS	1081 North St.	
6.4 CITY-ST-ZIP	Lake City, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julian E. Collins, Secretary DATE: 4/29/95 PHONE: 904-758-1000