FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



SIGNATURE: Chalette James

BIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N14681

(3)

COLUMBIA LITERACY COUNCIL, INC.							
Principal Place o	of Business	Mailing Address			#1 (184 \$1\$11 \$1\$1) #1\$11 \$1\$11 \$1\$11 \$1\$11	1441	
490 N COLUMI LAKE CITY FL		490 N COLUMBIA ST LAKE CITY FL 32055					
				3. Date Incorporated or Qualified 05/01/1986	3a. Date of Last Report 05/01/1995		
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied F		
21		26		59-2865037	Not Applie		
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May B		
:3		28		Trust Fund Contribution	Added to Fees		
Zφ	Country	Zip	Country	8. This corporation has liability for		ı	
4	25	29	30	Florida Statutes 10. Name and Address of New	Yes No Registered Agent		
	9. Name and Address of Currer	nt Registered Agent	81 Name	TO. Name and Address of New	nagistored Agent		
FRASER,			82 Street	Address (P.O. Box Number is Not Accepta	ibie)		
	OLUMBIA ST		83				
LAKE CII	Y FL 32055						
			84 City		FL 85 Zip Code		
11, Pursuant to	the provisions of Sections 617.0502	2 and 617.1508, Florida Statute	es, the above-named o	orporation submits this statement for the pr	urpose of changing its registered	office	
or registers	d agent, or both, in the State of Flori n, and accept the obligations of Sect	da. Such change was authorizi	ad by the corporation s	board of directors. I hereby accept the ap	pointment as registered agent. I	arn	
		uTa)			4-18-96		
SIGNATURE _	Signature, typed or printed name of registered agent		TE: Registered Agent signature	required when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	T	FICERS AND DIRECTORS IN 12 Change Add	dition	
THLE	PD	DELETE	1,1 TITLE	P	Change 🗹 Ado	HUOH	
NAME	ALDERMAN, NORVELLE		1.2 NAME	Potts Marievic 1702 Perry St. Late City IFL 32055			
STREET ADDRESS	RT 9, BOX 1058		1.3 STREET ADDRESS	1 101 Pary 5			
CITY-ST-ZIP	LAKE CITY FL 32024	DELETE	1.4 C(TY-ST-Z(P 2.1 TITLE	Late City (FL 330)	☐ Change 🗹 Add	dition	
TITLE	OLEBEIO MIDONIN		22 NAME	Shivaler, Rebeach			
NAME	GIEBEIG, VIRGINIA		2 3 STREET ADDRESS	01.8. Bex 560			
STREET ADDRESS	RT 8, BOX 467 LAKE CITY FL 32025		2.4 CITY-ST-ZIP	1 5c (ty, FL 32055			
DITLE	SD	DELETE	3 1 TITLE	SP 4.	☐ Change ☐ Add	dition	
NAME	COLLINS, JULIAN E	-	3.2 NAME	James, Charlotte			
STREET ADDRESS	RT 3, BOX 331		3 3 STREET ADDRESS	1081 North Sive.			
CITY-ST-ZIP	LAKE CITY FL 32025		3.4. CITY - ST - ZIP	Shivaler, Released Rt. 8, Bex 560 Lete City, FL 32055 SD James, Charlotte 1081 North Street Lake City, FL 32055		T	
TITLE	TD	DELETE	4.1 TITLE	ĮΨ	☐ Change 🗹 Ado	dition	
NAME	randolph, maizie		4. 2 NAME	Houston Louise			
STREET ADDRESS	14 CHAPEL HILL BLVD		4.3 STREET ADDRESS	la Ave.			
CITY-ST-ZIP	LAKE CITY FL 32025		4.4 CITY-ST-ZIP	Late City, FL 32033	Change Ad	dition	
TITLE	D	DELETE	5 1 TITLE	V	☐ Change 🗹 Ad	DIGITION	
NAME	HENDRICKSON, JANET		5 2 NAME	Scall Ron 528 W. Donal St.			
STREET ADDRESS	P.O. BOX 1176 N/A		5.3 STREET ADDRESS	1 tr City FL 32055			
CITY-ST-ZIP	LAKE CITY FL 32056	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Late City, FL 32055 Phomes Burbury 528 W. Duml St. Late City, FL 32055	Change Ad	dition	
THLE	D NAMES CHADIOTTE	Florece	6.2 NAME	Thomas Barbar			
NAME	JAMES, CHARLOTTE		6.3 STREET ADDRESS	528 Wi Dumi St.	_		
STREET ADORESS	1081 NORTH ST LAKE CITY FL 32055		6.4 CITY-ST-ZIP	Lake City, FL 32055	5		
14 Ldo bereb	and the state information appoint	with this filing is voluntarily furn	siehad and does not a			her	
certify that		nual report or supplemental and oration or the receiver or truste	nual report is true and a se empowered to exec	accurate and that my signature shall have that this report as required by Chapter 617,			

4/35/90 (904) 758-2101 Dept no Phone +