



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N15224	
1. Entity Name COLUMBIA YOUTH SOCCER ASSOCIATION, INC.	

Principal Place of Business 910 SW BALL PARK GLEN LAKE CITY, FL 32025 US	Mailing Address P.O. BOX 3138 LAKE CITY, FL 32056-3138 US
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DO NOT WRITE IN THIS SPACE


 01092008 No Chg-NP CR2E037 (4/06)
 4. FEI Number **59-2883092** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JENKINS, T.D.
RT 8 BOX 566
LAKE CITY, FL 32055**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EVERETT, SCOTT 440 SW TULAROSA LANE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TILTON, JIM RT 328 BOX 22019 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JENKINS, T.D. RT 8 BOX 566 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KAMBACK, DWIGHT 620 SE EVERGREEN DRIVE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/15/08-80018-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dwight Kamback* **DWIGHT KAMBACK, TREASURER** 1/9/08 961-9389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #