


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90198 050 ****61.25

DOCUMENT # N16221

1. Entity Name
LAKE CITY ~ COLUMBIA COUNTY HISTORICAL MUSEUM, INC.



Principal Place of Business
 157 SE HERNANDO AVE
 LAKE CITY, FL 32056


Mailing Address
 P.O. BOX 3276
 LAKE CITY, FL 32056-0276

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40000



04152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2695497

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LORD, PAULETTE M
 263 NW LAKE CITY AVE
 LAKE CITY, FL 32055

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2007

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	VP	<input checked="" type="checkbox"/> Delete
NAME	LORD, PAULETTE M	
STREET ADDRESS	263 NW LAKE CITY AVE	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCMAHON, SEAN PHD	
STREET ADDRESS	149 SE COLLEGE PL	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCALHANY, PAT	
STREET ADDRESS	25103 NW 122 AVE	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REED, GLENDA	
STREET ADDRESS	235 SE ST. JOHNS ST	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LIBBERT, CHERYL	
STREET ADDRESS	DEERWOOD DR	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOWLING, FAYE	
STREET ADDRESS	RT 8 BOX 580	
CITY-ST-ZIP	LAKE CITY, FL 32055	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Lord Paulette, Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	263 NW Lake City Ave	
STREET ADDRESS	LAKE CITY, FL 32055	
CITY-ST-ZIP		
TITLE	Dr Sean Green, Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1126 S. Church St.	
STREET ADDRESS	LAKE CITY, FL 32025	
CITY-ST-ZIP		
TITLE	Everett Birchard, Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4114 Evelyn N Avenue	
STREET ADDRESS	LAKE CITY, FL 32055	
CITY-ST-ZIP		
TITLE	John Stanford	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	330 SE Church St.	
STREET ADDRESS	LAKE CITY, FL 32055	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Pat McAlhany*

4/23/07