

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

B. 12/3

FILED

08 NOV 12 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LORD, PAULETTE M 263 NW LAKE CITY AVE LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>vice - President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMAHON, SEAN PHD 149 SE COLLEGE PL LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700137844457 11/12/08--01021--008 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCALHANY, PAT 25103 NW 122 AVE HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BIRCHARD, EVERETT 414 LIEVELLY AVENUE LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Margie Stanfield Trustee</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 125 SW KANSAS ST. Font White, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANFORD, JOHN 330 SE CHURCH ST LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWLING, FAYE RT 8 BOX 580 LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



09092008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2695497** Applied For Not Applicable

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

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 McMahony 11/10/08 380.454-8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Lake City ~ Columbia County Historical Museum, Inc.

P.O. Box 3276
Lake City, FL 32056-3276

November 10, 2008

Division of Corporations

Re: Document N16221

In addition to the changes reflected on the accompanying form, kindly amend our records to add:

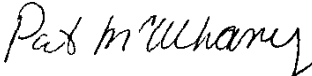
Gerald Horton - Treasurer
451 NW Orange Street, Apt. # 101
Lake City, FL 32055

Dot Jean Green - Trustee
1712 SW Paloma Court
Lake City, FL 32055

Karen Cross - Trustee
501 SW Grizzly Way
Lake City, FL 32024

Thank you for the assistance in maintaining up to date records for our organization!

Sincerely,


Pat McAlhany, President