

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 19, 2009
Secretary of State**

DOCUMENT# N16221

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

Current Principal Place of Business:

157 SE HERNANDO AVE
LAKE CITY, FL 32056

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 3276
LAKE CITY, FL 320560276

New Mailing Address:

FEI Number: 59-2695497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LORD, PAULETTE M
Address: 263 NW LAKE CITY AVE
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: MCMAHON, SEAN PHD
Address: 149 SE COLLEGE PL
City-St-Zip: LAKE CITY, FL 32025

Title: P () Delete
Name: MCALHANY, PAT
Address: 25103 NW 122 AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T () Delete
Name: STANFIELD, MARGIE
Address: 125 SW RANSAS ST.
City-St-Zip: FORT WHITE, FL 32038

Title: T () Delete
Name: STANFORD, JOHN
Address: 330 SE CHURCH ST
City-St-Zip: LAKE CITY, FL 32025

Title: T () Delete
Name: BOWLING, FAYE
Address: RT 8 BOX 580
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MCALHANY, PAT
Address: 420 SW MARYNIK DRIVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T (X) Change () Addition
Name: STANFIELD, MARGIE
Address: 125 SW KANSAS ST.
City-St-Zip: FORT WHITE, FL 32038

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT MCALHANY

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date