

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16221

FILED  
Apr 17, 2012  
Secretary of State

**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  
Name: LORD, PAULETTE M  
Address: 263 NW LAKE CITY AVE  
City-St-Zip: LAKE CITY, FL 32055

Title: PRES  
Name: MCMAHON, SEAN  
Address: 149 SE COLLEGE PL  
City-St-Zip: LAKE CITY, FL 32025

Title: TREA  
Name: MCALHANY, PAT  
Address: 420 SW MARYNIK DRIVE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: SEC  
Name: STANFIELD, MARGIE  
Address: 125 SW KANSAS ST.  
City-St-Zip: FORT WHITE, FL 32038

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAT MCALHANY

TREA

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date