

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90046 037 ****61.25

DOCUMENT # N22978

1. Entity Name

ARLINGTON COLUMBIAN ASSOCIATION INC.



Principal Place of Business

6030 ARLINGTON EXPY.
JACKSONVILLE FL 32211
US

Mailing Address

7816 CAYMAN RD
JACKSONVILLE FL 32216
US

2. Principal Place of Business

3. Mailing Address

ARLINGTON COL. ASSOC., INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6030 ARLINGTON EXPY

City & State

City & State

JACKSONVILLE, FL.

Zip

Country

Zip

Country

32211

US

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2976343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARLEY SR, DAVID P.
10920 BUGGY WHIP DR
JACKSONVILLE FL 32257

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CAPIZZI, MICHAEL
8049 N CONGAREE CT.
CALLAHAN FL 32011 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MOSLEY, RALPH T
6137 THISTLEWOOD ROAD
JACKSONVILLE FL 32277 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TURNER, T T
7816 CAYMAN RD
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
MIDDLETON, JAMES J.
3436 BRIDGEWOOD DR.
JACKSONVILLE, FL. 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David P. Barley* - T.T. TURNER T/D

1-26-06 904/721-3213