2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N22978

Entity Name: ARLINGTON COLUMBIAN ASSOCIATION INC.

Current Principal Place of Business:

6030 ARLINGTON EXPY.
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

ARLINGTON COL. ASSOC., INC
6030 ARLINTON EXPY
JACKSONVILLE, FL 32211 US

New Mailing Address:

6030 ARLINGTON EXPY.
JACKSONVILLE, FL 32211 US

FEI Number: 59-2976343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARLEY SR, DAVID P.
10920 BUGGY WHIP DR
JACKSONVILLE, FL 32257 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: PD ( ) Delete
Name: FERRIZZI, ROLAND JR.
Address: 4316 HARBOUR 1ST, DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD ( ) Delete
Name: TURNER, T T
Address: 7816 CAYMAN RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD ( ) Delete
Name: WHEELER, FRED
Address: 6431 HOLIDAY RD N.
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TRUS ( ) Change (X) Addition
Name: MOSLEY, RALPH T
Address: 6137 THISTLEWOOD RDF
City-St-Zip: JACKSONVILLE, FL 32277

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: TROUPE T. TURNER TRES 04/15/2009
Electronic Signature of Signing Officer or Director — Date