


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N33225 1. Entity Name COLUMBIA COUNTY PUBLIC SCHOOLS FOUNDATION, INC.		
Principal Place of Business 372 WEST DUVAL STREET LAKE CITY, FL 32055 US	Mailing Address 372 WEST DUVAL STREET LAKE CITY, FL 32055 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS, H. M. 372 WEST DUVAL STREET LAKE CITY, FL 32055		DO NOT WRITE IN THIS SPACE
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 <u>No Changes</u> DATE <u>January 20, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNING, ETHEL T 101 PALM CIRCLE LAKE CITY, FL 32055	<div style="text-align: center;"> <p>U000000203210 01/29/05-90022-004 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASSETT, DARLENA F 410 BRADY CIRCLE LAKE CITY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKENS, JOHN E 801 SOUTH MARION STREET LAKE CITY, FL 32055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, BARBARA C 950 LAKE MONTGOMERY DR LAKE CITY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PICKETT, ANN M 3221 DEFENDER AVENUE LAKE CITY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BULLARD, AUDREY S DIXIE DIST. BLDG, P.O. BOX 1733, US 90 E LAKE CITY, FL	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Ann M. Pickett, Chairman, Columbia Public Schools Foundation, Inc. SIGNATURE: <u>Ann M. Pickett</u> 386-758-4787 January 20, 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2986573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**