


FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90126 031 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WILLIAMS, H. M. 372 WEST DUVAL STREET LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name Dorothy S. Spradley Street Address (P.O. Box Number is Not Acceptable) 372 West Duval Street City Lake City, FL Zip Code 32055	
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 Dorothy S. Spradley, Director <i>Dorothy S. Spradley</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D BROWNING, ETHEL T 101 PALM CIRCLE LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martha Maxwell 719 SW Alamo Drive Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASSETT, DARLENA F 410 BRADY CIRCLE LAKE CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKENS, JOHN E 801 SOUTH MARION STREET LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruce Drawdy 738 SW Main Boulevard Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, BARBARA C 950 LAKE MONTGOMERY DR LAKE CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PICKETT, ANN M 3221 DEFENDER AVENUE LAKE CITY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Jay Poole 300 SW Pheasant Way Lake City, FL 32024 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BULLARD, AUDREY S DIXIE DIST. BLDG. P.O. BOX 1733, US 90 E LAKE CITY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gary Shields 1756 SW Barnett Way Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Dorothy S. Spradley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		386-755-8041 <small>Date Daytime Phone #</small>	