

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 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**



03182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2986573

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPRADLEY, DOROTHY S
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MAXWELL, MARTHA
STREET ADDRESS	719 SW ALAMO DRIVE
CITY-ST-ZIP	LAKE CITY, FL 32025

TITLE	D
NAME	FEDELE, CONNIE
STREET ADDRESS	PO BOX 52
CITY-ST-ZIP	LAKE CITY, FL 32056

TITLE	D
NAME	DRAWDY, BRUCE
STREET ADDRESS	738 SW MAIN BOULEVARD
CITY-ST-ZIP	LAKE CITY, FL 32025

TITLE	D
NAME	CARPENTER, BARBARA C
STREET ADDRESS	950 LAKE MONTGOMERY DR
CITY-ST-ZIP	LAKE CITY, FL

TITLE	DC
NAME	HOLLIS, JANIE
STREET ADDRESS	803 SE COUNTRY CLUB DR
CITY-ST-ZIP	LAKE CITY, FL 32025

TITLE	D
NAME	OWENS, JOSHUA
STREET ADDRESS	510 SE BAYA DR
CITY-ST-ZIP	LAKE CITY, FL 32025

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05/21/08-80117-003 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

386-755-8041

Daytime Phone #