

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33225

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** COLUMBIA COUNTY PUBLIC SCHOOLS FOUNDATION, INC.

**Current Principal Place of Business:**

372 WEST DUVAL STREET  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

**Current Mailing Address:**

372 WEST DUVAL STREET  
LAKE CITY, FL 32055 US

**New Mailing Address:**

**FEI Number:** 59-2986573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPRADLEY, DOROTHY S  
372 WEST DUVAL STREET  
LAKE CITY, FL 32055 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: SD ( ) Delete  
Name: MAXWELL, MARTHA  
Address: 719 SW ALAMO DRIVE  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: FEDELE, CONNIE  
Address: PO BOX 52  
City-St-Zip: LAKE CITY, FL 32056

Title: D ( ) Delete  
Name: DRAWDY, BRUCE  
Address: 738 SW MAIN BOULEVARD  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: CARPENTER, BARBARA C  
Address: 950 LAKE MONTGOMERY DR  
City-St-Zip: LAKE CITY, FL

Title: DC ( ) Delete  
Name: HOLLIS, JANIE  
Address: 803 SE COUNTRY CLUB DR  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: OWENS, JOSHUA  
Address: 510 SE BAYA DR  
City-St-Zip: LAKE CITY, FL 32025

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

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

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

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: DOROTHY S. SPRADLEY

DIRE

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date