

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
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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