

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42379

FILED  
Mar 08, 2006  
Secretary of State

**Entity Name:** COLUMBIA COUNTY SWIM TEAM ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 2495  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2495  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 59-3057077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURNS, ROBERT D  
989 SW MT CARMEL AVE  
LAKE CITY, FL 32024 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: PD ( ) Delete  
Name: HYDE, PAM  
Address: PO BOX 23  
City-St-Zip: WHITE SPRINGS, FL 32096

Title: VD ( ) Delete  
Name: WITT, ANGIE  
Address: 2047 NW NAGH RD.  
City-St-Zip: LAKE CITY, FL 32055

Title: SD ( ) Delete  
Name: THOMAS, KATHY  
Address: RT 16 BOX 38883  
City-St-Zip: LAKE CITY, FL 32055

Title: TD ( ) Delete  
Name: BURNS, ROBERT D  
Address: 989 SW MT CARMEL AVE  
City-St-Zip: LAKE CITY, FL 32024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BURNSR, ROBERT D  
Address: 989 SW MT CARMEL AVE  
City-St-Zip: LAKE CITY, FL 32024

Title: VD (X) Change ( ) Addition  
Name: HYDE, PAM  
Address: 173 SW TEMPLE WAY  
City-St-Zip: LAKE CITY, FL 32025

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

Title: TD (X) Change ( ) Addition  
Name: SHERROD, MARY  
Address: 185 SE NATALIE TERRACE  
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT D BURNS

PD

03/08/2006

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

\_\_\_\_\_  
Date