

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90475 048 \*\*\*\*61.25

<b>DOCUMENT # N46007</b> 1. Entity Name <b>COLUMBIA SOCCER BOOSTERS, INC.</b>					
Principal Place of Business <b>RT 10 BOX 258 LAKE CITY, FL 32024 US</b>			Mailing Address <b>P.O. BOX 2819 LAKE CITY, FL 32024 US</b>		
2. Principal Place of Business <b>469 Fighting Tiger Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2819</b> Suite, Apt. #, etc. <b>Lake City FL</b>			
City & State <b>Lake City FL</b>		City & State <b>32056</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32024</b>	Country <b>USA</b>	Zip <b>32056</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUNTER, GAYLE 778 NW HARRIS LOOP LAKE CITY, FL 32055</b>			7. Name and Address of New Registered Agent Name <b>Ken Watson</b> Street Address (P.O. Box Number is Not Acceptable) <b>1069 SW Main Blvd Suite 100</b> <b>Lake City</b> City <b>FL</b> Zip Code <b>32025</b>		
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: <u><i>Ken A. Watson</i></u> <b>Ken Watson PD</b> <b>4/13/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNTER, GAYLE 278 NW HARRIS LOOP LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Watson, Ken 1069 SW Main Blvd Suite 100 Lake City FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATSON, KEN PO BOX 2181 LAKE CITY, FL 32056 <input checked="" 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	TD ROWAND, NANCY 154 NW EMPORIA GLEN LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Carpenter, Sandy 287 SW Red Maple Way Lake City FL 32024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENKINS, SHIRLEY 153 NW CYPRESS COVE DR LAKE CITY, FL 32055 <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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u><i>Ken A. Watson</i></u> <b>KENNETH A. WATSON</b> <b>4/13/06</b> <b>386-754-3908</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					