# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Jan 25, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N95000001077

1. Entity Name

COLUMBIA COUNTY BUILDERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 323 SOUTH MARION AVENUE<br>LAKE CITY FL 32025<br>US | 323 SOUTH MARION AVENUE<br>LAKE CITY FL 32025<br>US |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PARNELL, ROBERT<br>323 SOUTH MARION AVENUE<br>LAKE CITY FL 32025 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MANGRUM, DAVID<br>P O BOX 533<br>LAKE CITY FL 32056-0533 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | U00000401360<br>02/02/06-80041-006 61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>CRAWFORD, BRIAN<br>2109 W US HIGHWAY 90, SUITE 170-144<br>LAKE CITY FL 32025 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PARNELL, ROBERT<br>323 SOUTH MARION STREET<br>LAKE CITY FL 32025 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CRAWFORD, STANLEY<br>1531 SW COMMERCIAL GLEN<br>LAKE CITY FL 32025 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KEEN, SAMMY<br>764 SW RIVERSIDE<br>FT WHITE FL 32038 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>LUNDE, BLAKE N II<br>872 SW JAGUAR DRIVE<br>LAKE CITY FL 32025 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.