

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90055 012 ****61.25

DOCUMENT # N95000001077

1. Entity Name
COLUMBIA COUNTY BUILDERS' ASSOCIATION, INC.



Principal Place of Business
323 SOUTH MARION AVENUE
LAKE CITY, FL 32025 US

Mailing Address
323 SOUTH MARION AVENUE
LAKE CITY, FL 32025 US

40053115



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 2494

Suite, Apt., etc.

Suite, Apt., etc.

0320207 Chg-NP CR2E037 (12/06)

City & State

City & State

Lake City FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

32056

USA

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
323 SOUTH MARION AVENUE
LAKE CITY, FL 32025

Name
David Mangrum

Street Address (P.O. Box Number is Not Acceptable)
2091 S.W. Main Blvd.

City
Lake City FL

FL Zip Code
32025

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

David E. Mangrum

DAVID E. MANGRUM

4-4-07

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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 D
NAME MANGRUM, DAVID ☒ Delete
STREET ADDRESS P O BOX 533
CITY-ST-ZIP LAKE CITY, FL 320560533

TITLE President ☐ Change ☒ Addition
NAME Blake N. Lund
STREET ADDRESS 291 S.W. Sisters Welcome Rd
CITY-ST-ZIP Lake City, FL 32025

TITLE V
NAME CRAWFORD, BRIAN ☐ Delete
STREET ADDRESS 2109 W US HIGHWAY 90, SUITE 170-144
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE ☐ Change ☐ Addition
NAME Same

TITLE T
NAME PARNELL, ROBERT ☒ Delete
STREET ADDRESS 323 SOUTH MARION STREET
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE Vice President ☐ Change ☒ Addition
NAME Roger Wheddon
STREET ADDRESS 582 N.W. Brook Loop
CITY-ST-ZIP Lake City, FL 32025

TITLE D
NAME CRAWFORD, STANLEY ☒ Delete
STREET ADDRESS 1531 SW COMMERCIAL GLEN
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE Treasurer ☐ Change ☒ Addition
NAME Frank Brown
STREET ADDRESS 137 Baya Drive
CITY-ST-ZIP Lake City FL 32025

TITLE D
NAME KEEN, SAMMY ☐ Delete
STREET ADDRESS 764 SW RIVERSIDE
CITY-ST-ZIP FT WHITE, FL 32038

TITLE ☐ Change ☐ Addition
NAME Same

TITLE V
NAME LUNDE, BLAKE N II ☒ Delete
STREET ADDRESS 872 SW JAGUAR DRIVE
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE Director ☐ Change ☒ Addition
NAME Brock Zecker
STREET ADDRESS P.O. Box 815
CITY-ST-ZIP Lake City FL 32056

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:

David E. Mangrum 4-3-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #