

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90051 016 ****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 PO BOX 2494 LAKE CITY, FL 32026 US		
2. Principal Place of Business - No P.O. Box # 824 X. W. Emerald Lakes Dr.		3. Mailing Address P.O. Box 7353			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake City, FL		City & State Lake City, FL		4. FEI Number NOT APPLICABLE	
Zip 32055-8910		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANGRUM, DANE 2091 SW MAIN BLVD LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name: Brian S. Crawford Street Address (P.O. Box Number is Not Acceptable): 2109 W. US Highway 90 Suite 170-144 City: Lake City, FL 32055 Zip Code: 32055		
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 1-30-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP NAME WHEDDON, ROGER STREET ADDRESS 582 NW BROOK LOOP CITY-ST-ZIP LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete		TITLE 1st Vice Pres. NAME Bryan Zecker STREET ADDRESS P.O. Box 815 CITY-ST-ZIP Lake City, FL 32056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME CRAWFORD, BRIAN STREET ADDRESS 2109 W US HIGHWAY 90, SUITE 170-144 CITY-ST-ZIP LAKE CITY, FL 32025	<input type="checkbox"/> Delete		TITLE 2nd Vice Pres. NAME Matt Cason STREET ADDRESS 2910 S.W. 4th St CITY-ST-ZIP Lake City, FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME BROWN, FRANK STREET ADDRESS 187 BAYA DR CITY-ST-ZIP LAKE CITY, FL 32025	<input type="checkbox"/> Delete		TITLE Treasurer NAME Freda Norton STREET ADDRESS P.O. Box 1609 CITY-ST-ZIP Lake City, FL 32056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ZECKER, BRIAN STREET ADDRESS PO BOX 815 CITY-ST-ZIP LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Joseph Greene STREET ADDRESS 1417 SW Baya Dr CITY-ST-ZIP Lake City, FL 32025-5288	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KEEN, SAMMY STREET ADDRESS 764 SW RIVERSIDE CITY-ST-ZIP FT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Aaron Cady STREET ADDRESS 122 SW Reddick Ave, Suite 106 CITY-ST-ZIP Lake City, FL 32025-0772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME LUNDE, BLAKE N II STREET ADDRESS 291 SW SISTERS WELCOME RD CITY-ST-ZIP LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete		TITLE President NAME Brian S. Crawford STREET ADDRESS 2109 W. US Hwy 90, Suite 170-144 CITY-ST-ZIP Lake City, FL 32055	<input checked="" 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:				1/30/08 586 755-8857	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	