

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000003887

FILED
Mar 02, 2007
Secretary of State

Entity Name: COLUMBIA COUNTY RESOURCES, INC.

Current Principal Place of Business:

HIGHWAY 247
LAKE CITY, FL 32056

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1376
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 23-7211045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCDAVID, TERRY
178 SE HERNANDO AVENUE
LAKE CITY, FL 32025 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: TERRY MCDAVID

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, ROBERT D
Address: 7015 W US HWY 90
City-St-Zip: LAKE CITY, FL 32055

Title: PD () Delete
Name: BRISCOE, STEVE
Address: RT 15 BOX 3154
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: MOORE, W D
Address: RT 14 BOX
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: JONES, WANDA
Address: RT 29 BOX 1100
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: SPARKS, JIMMY
Address: RT 9 BOX 4533
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: NELSON, MICHAEL
Address: RT 27 BOX 2492
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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City-St-Zip:

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

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: STEVE BRISCOE

MR.

03/02/2007

Electronic Signature of Signing Officer or Director

Date