

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003887

FILED
Apr 15, 2009
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:

438 SW SR 247
LAKE CITY, FL 32025

Current Mailing Address:

P.O. BOX 1376
LAKE CITY, FL 32055

New Mailing Address:

P.O. BOX 1376
LAKE CITY, FL 32056

FEI Number: 23-7211405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

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: 773 NW INDIAN SPRINGS DR
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: MOORE, W D
Address: 1835 NW MOORE FARM RD
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: JONES, WANDA
Address: 2849 SW CR 240
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: SPARKS, JIMMY
Address: 394 SW ROSE CREEK DR
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: NELSON, MICHAEL
Address: 191 SW CHETACKNEE AVE
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
Name:
Address:
City-St-Zip:

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

Title: D (X) Change () Addition
Name: NELSON, MICHAEL
Address: 191 SW CHETACKNEE AVE
City-St-Zip: LAKE CITY, FL 32024

I hereby certify that the information supplied with this filing does not qualify 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: WANDA JONES

OFFI

04/15/2009

Electronic Signature of Signing Officer or Director

Date