

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000004150 (6)**

1. Corporation Name

COLOMBIA MISSION PROJECT, INC.

Principal Place of Business

Mailing Address

**222 WEST SEVENTH AVENUE
TALLAHASSEE FL 32303**

**222 WEST SEVENTH AVENUE
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified

08/08/1996

4. FEI Number

59-3401199

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADANK, SUE
222 WEST SEVENTH AVENUE
TALLAHASSEE FL 32303**

81 Name **LEO A. HEBERT**

82 Street Address (P.O. Box Number is Not Acceptable)

2104 Joyner Drive

83 **Tallahassee, FL 32303**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Leo A. Hebert
Signature of Registered Agent (Printed name of registered agent and date if applicable)

4-27-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
HEBERT, LEO A**
STREET ADDRESS **2104 JOYNER DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE

NAME **VPD
TANNER, WILLIAM F**
STREET ADDRESS **2004 HIGH ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE

NAME **SD
GANDY, MARY**
STREET ADDRESS **1421 PULLEN ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☒ DELETE

NAME **TD
ADANK, SUE**
STREET ADDRESS **222 WEST SEVENTH AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE

NAME **D
BROWN, MORRIS**
STREET ADDRESS **489 RIVER PLANTATION ROAD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ DELETE

NAME **D
COOKE, JAMES O III**
STREET ADDRESS **918 BLACKWOOD AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

NAME **TD
STEVEN B. LTEDY**
STREET ADDRESS **1901 Welby Way**
CITY-ST-ZIP **Tallahassee, FL 32308**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leo A. Hebert* **4-27-98**

CR2E037 (10/97)