

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90027 026 \*\*\*\*61.25

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**DOCUMENT # N96000004150**

1. Corporation Name

**COLOMBIA MISSION PROJECT, INC.**

Principal Place of Business  
**222 WEST SEVENTH AVENUE  
TALLAHASSEE FL 32303**

Mailing Address  
**222 WEST SEVENTH AVENUE  
TALLAHASSEE FL 32303**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/08/1996

22 City & State

27 City & State

4. FEI Number  
**59-3401199**

Applied For  
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24

25

29

30

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEBERT, LEO  
2104 JOYNER DR  
TALLAHASSEE FL 32303**

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD**  
NAME **LIEDY, STEVEN**  
STREET ADDRESS **1901 WELBY WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **TD**  
4.3 STREET ADDRESS **LIEDY, STEVEN**  
4.4 CITY-ST-ZIP **2878 Remington Green Circle**  
**Tallahassee, FL 32308**

TITLE **D**  
NAME **BROWN, MORRIS**  
STREET ADDRESS **469 RIVR PLANTATION ROAD**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

**Signature Required**

**3/3/99**

**(850) 386-6222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)