

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90205 030 ****61.25

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DOCUMENT # N98000002645

1. Corporation Name

THE COLUMBIA FELLOWSHIP, INC.

Principal Place of Business

**441 NORTH TEMPLE AVENUE
STARKE FL**

Mailing Address

**441 NORTH TEMPLE AVENUE
STARKE FL**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 **P.O. Box 251**
Suite, Apt. #, etc.

27 **KEYSTONE HGTS**
City & State

28 **32656 USA**
Zip Country

3. Date Incorporated or Qualified

05/06/1998

4. FEI Number

59-3538479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**SWARTZWELDER, DAVID
175 S.W. FAIRWAY DRIVE
KEYSTONE HEIGHTS FL 32656**

10. Name and Address of New Registered Agent

81 Name **RICHARD ABLES**
82 Street Address (P.O. Box Number is Not Acceptable)
7849 S.R. 21
83 **P.O. Box 881**
84 City **KEYSTONE HGTS** **FL** **85** Zip Code **32656**

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

RICHARD ABLES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-99

12.

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WAGONER, SAM	
STREET ADDRESS	6598 CAMELOT COURT	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISBEE, ANATOLE	
STREET ADDRESS	6426 CR 214	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICKINSON, DAVID	
STREET ADDRESS	5500 LAREDO STREET	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWARTZWELDER, DAVID	
STREET ADDRESS	175 S.W. FAIRWAY DRIVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEVLIN, ROBERT	
STREET ADDRESS	P.O. BOX 1261	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BADER, PAUL	
STREET ADDRESS	5741 OVERLOOK DRIVE W.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RICHARD ABLES
5.3 STREET ADDRESS	P.O. BOX 881
5.4 CITY-ST-ZIP	KEYSTONE HGTS, FL 32656
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

RICHARD ABLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-99 (352) 473-3492

CR2E037 (11/98)