4/1'

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-17-2002 90073 038 ****61.25

DOCUMENT # N99000004997

1. Entity Name

COLUMBIA COUNTY HOUSING AND DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
441 SOUTH ALACHUA STREET LAKE CITY FL 32025	441 SOUTH ALACHUA STREET LAKE CITY FL 32025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3604419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ERKINGER, MATTHEW A 315 EAST ST. JOHNS STREET LAKE CITY FL 32025	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 Matthew A Erkinger Sr. EXECUTIVE DIRECTOR 4-3-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVPD ERKINGER, MATTHEW A 303 S.W. ALACHUA AVE. LAKE CITY, FL. 32025	☐ Delete	EXECUTIVE DIRECTOR ERKINGER, MATTHEW A 303 S.W. ALACHUA AVE. LAKE CITY, FL 32025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ERKINGER, KELLY G ROUTE 17, BOX 1135 LAKE CITY FL 32055	☒ Delete	PRESIDENT KARENA CREWS 2571 S. MARION AVE LAKE CITY, FL 32025	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAMPIER DAMPIER, CHRIS FIRST FEDERAL BANK HWY., 90 WEST LAKE CITY FL 32055	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONNA DUNCAN 303 S.W. ALACHUA AVE. LAKE CITY, FL. 32025	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERSON, SANDRA H ROUTE 12, BOX 738 LAKE CITY FL 32025	☐ Delete	VICE PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DIRECTOR REV. LEROY MURRAY RT. 22 Box 2331 LAKE CITY, FL 32024	☐ Change ☒ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Matthew A Erkinger Sr. MATTHEW A. ERKINGER SR 4-3-02 (386)754-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #