

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90034 010 ****61.25

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1. Entity Name

COLUMBIA COUNTY HOUSING AND DEVELOPMENT CORPORATION



Principal Place of Business

**248 SE NASSAU ST
LAKE CITY FL 32025**

Mailing Address

**441 SOUTH ALACHUA STREET
LAKE CITY FL 32025**

2. Principal Place of Business

3. Mailing Address

248 SE NASSAU Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

Zip

Country

32025

USA

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
248 SE NASSAU ST
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** ☐ Delete
NAME **ERKINGER, MATTHEW A**
STREET ADDRESS **303 SW ALACHUA AVE**
CITY - ST - ZIP **LAKE CITY FL 32025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **P** ☐ Delete
NAME **CREWS, KARENA**
STREET ADDRESS **2571 S MARION AVE**
CITY - ST - ZIP **LAKE CITY FL 32025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **DAPIER, CHRIS**
STREET ADDRESS **FIRST FEDERAL BANK HWY., 90 WEST**
CITY - ST - ZIP **LAKE CITY FL 32055**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **DUNCAN, DONNA**
STREET ADDRESS **303 SW ALACHUA AVE**
CITY - ST - ZIP **LAKE CITY FL 32025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **PETERSON, SANDRA H**
STREET ADDRESS **ROUTE 12, BOX 736**
CITY - ST - ZIP **LAKE CITY FL 32025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VP** ☐ Delete
NAME **MURRAY, LEROY REV**
STREET ADDRESS **RT. 22 BOX 2331**
CITY - ST - ZIP **LAKE CITY FL 32024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Matthew A. Erkiner, Exec. Director **2-9-04 (386) 754-8440**