


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90384 025 ****61.25

DOCUMENT # N99000004997 1. Entity Name COLUMBIA COUNTY HOUSING AND DEVELOPMENT CORPORATION					
Principal Place of Business 248 SE NASSAU ST LAKE CITY, FL 32025			Mailing Address 248 SE NASSAU ST. LAKE CITY, FL 32025		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3604419	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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	
				State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERKINGER, MATTHEW A		NAME		
STREET ADDRESS	303 SW ALACHUA AVE		STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY, FL 32025		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CREWS, KARENA		NAME		
STREET ADDRESS	2571 S MARION AVE		STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY, FL 32025		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAPIER, CHRIS		NAME		
STREET ADDRESS	FIRST FEDERAL BANK HWY., 90 WEST		STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY, FL 32055		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNCAN, DONNA		NAME		
STREET ADDRESS	303 SW ALACHUA AVE		STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY, FL 32025		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, SANDRA H		NAME		
STREET ADDRESS	ROUTE 12, BOX 736		STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY, FL 32025		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, LEROY REV		NAME		
STREET ADDRESS	RT. 22 BOX 2331		STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY, FL 32024		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Karena J. Crews</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/28/06 861528522 Date Daytime Phone #		