


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90086 006 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3604419	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERKINGER, MATTHEW A 248 SE NASSAU ST LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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		TITLE	ED	
NAME	ERKINGER, MATTHEW A		NAME	Erkinger, Matthew A	
STREET ADDRESS	303 SW ALACHUA AVE		STREET ADDRESS	248 SE Nassau St	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	P		TITLE		
NAME	CREWS, KARENA		NAME		
STREET ADDRESS	2571 S MARION AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	D		TITLE	D	
NAME	DAPIER, CHRIS		NAME	Dampier, Chris	
STREET ADDRESS	FIRST FEDERAL BANK HWY., 90 WEST		STREET ADDRESS	350 SW MAIN BLVD	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	D		TITLE		
NAME	DUNCAN, DONNA		NAME		
STREET ADDRESS	303 SW ALACHUA AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	D		TITLE		
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		TITLE		
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>Matthew A Erkinger</i> Executive Director 7-3-07 386.754.8440 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					