

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90058 045 ****61.25

DOCUMENT # N99000004997

1. Entity Name

COLUMBIA COUNTY HOUSING AND DEVELOPMENT CORPORATION



Principal Place of Business

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

Mailing Address

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

60008155

2. Principal Place of Business

248 SE NASSAU ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY FL

City & State

Zip

32025

Country

COLUMBIA

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

**ERKINGER, MATTHEW A
315 EAST ST. JOHNS STREET
LAKE CITY FL 32025**

7. Name and Address of New Registered Agent

Name **MATTHEW A. ERKINGER**

Street Address (P.O. Box Number is Not Acceptable)

248 SE NASSAU ST.

City

LAKE CITY

FL

Zip Code

32025

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

1-8-03

FILE NOW: FEE IS \$61.25

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **FLECHER KIRBY-DIRECTOR** ☐ Change ☒ Addition
NAME **1380 W. BAY AVE**
STREET ADDRESS **LAKE CITY, FL 32025**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MIKE BAY**
STREET ADDRESS **514 SW SR 47**
CITY-ST-ZIP **LAKE CITY, FLORIDA, 32025**

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

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

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CITY-ST-ZIP ☒ Change ☐ Addition

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

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 ED. 1-8-03 (386) 754-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)