

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N17525

FILED
Sep 10, 2008
Secretary of State

Entity Name: THE COLUMBUS CLUB OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

P. O. BOX 771
ST. AUGUSTINE, FL 320850771

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 771
ST. AUGUSTINE, FL 320850771

New Mailing Address:

FEI Number: 59-2829290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLICER, CHARLES E
28 CORDOVA STREET
ST. AUGUSTINE, FL US

Name and Address of New Registered Agent:

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: CHARLES PELLICER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILLESPIE, JOHN
Address: 218 SEA TURTLE WAY
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S () Delete
Name: STOVER, CHARLES W
Address: 606 COQUINA BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete
Name: EVRARD, JAMES A
Address: 1132 COMPASS ROAD
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: DUFRESNE, BRUCE
Address: 14 SEMINOLE DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: GIESELMAN, ALLEN
Address: 1105 BAYPERESA DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: LOVELESS, ROLAND
Address: 25 ALCIRA COURT
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GILLESPIE

P

09/10/2008

Electronic Signature of Signing Officer or Director

Date