FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED
95 MAY 11 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713530 (4)

1. Corporation Name

COLUMBUS CLUB OF SANFORD, INCORPORATED.

Principal Place of Business: ~~P.O. BOX 951300 SANFORD FL 32772-0472~~

Mailing Address: ~~P.O. BOX 951300 SANFORD FL 32772-0472~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 472	26 P.O. Box 472
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SANford FLA	28 City & State: SANFord FL
24 Zip: 32771 / 25 Country: SEMINOLE	29 Zip: 32771 / 30 Country: SEMINOLE

3. Date Incorporated or Qualified: 10/26/1967
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-6481768 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~RAINES CARLOS~~
~~511 S MAGNOLIA AVE~~
~~SANFORD FL 32773~~

10. Name and Address of New Registered Agent

81 Name: COLIN B SAYERS
82 Street Address (P.O. Box Number is Not Acceptable): 104 COUNTRY CLUB CIRCLE
83
84 City: SANFord FL 85 Zip Code: 32772

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Colin B Sayers — May 2, 1995

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	~~RAINES CARLOS V~~
STREET ADDRESS	~~511 MAGNOLIA AVE~~
CITY-ST-ZIP	~~SANFORD FL~~
TITLE	VP
NAME	~~SAYER COLIN B~~ CARL VON HERBLUS
STREET ADDRESS	~~104 COUNTRY CLUB CIRCLE~~ 505 MYRTLE AVE
CITY-ST-ZIP	~~SANFORD FL~~ SANFORD Carl
TITLE	T
NAME	~~AMBRANKS MA~~
STREET ADDRESS	~~111 BORADA RD~~
CITY-ST-ZIP	~~SANFORD FL~~ Joe
TITLE	S
NAME	KOROPSAK JOSEPH M
STREET ADDRESS	126 LEE AVE
CITY-ST-ZIP	LONGWOOD FL
TITLE	D
NAME	~~SEGELLE JOSEPH~~ DAN CONNIFF Dan
STREET ADDRESS	2590 GRENADA AVE 594 YORKSHIRE
CITY-ST-ZIP	~~SANFORD FL~~ OVIEDO FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	P	☒ Change ☐ Addition
1-2 NAME	COLIN B SAYERS	
1-3 STREET ADDRESS	104 COUNTRY CLUB CIRCLE	
1-4 CITY-ST-ZIP	SANFORD FL 32772	
2-1 TITLE	VP	☒ Change ☐ Addition
2-2 NAME	CARL VON HERBLUS	
2-3 STREET ADDRESS	505 MYRTLE AVE	
2-4 CITY-ST-ZIP	SANFORD FL	
3-1 TITLE	T JOSEPH SEBELLE	☒ Change ☐ Addition
3-2 NAME	2590 GRENADA AVE	
3-3 STREET ADDRESS	SANFORD FL	
3-4 CITY-ST-ZIP		
4-1 TITLE	SD	☐ Change ☐ Addition
4-2 NAME	JOSEPH KOROPSAK	
4-3 STREET ADDRESS	126 LEE AVE	
4-4 CITY-ST-ZIP	LONGWOOD FL	
5-1 TITLE	D	☐ Change ☐ Addition
5-2 NAME	DAN CONNIFF	
5-3 STREET ADDRESS	594 YORKSHIRE	
5-4 CITY-ST-ZIP	OVIEDO, FL	
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Sebelle — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/2/95 Date — Daytime Phone #

0032176