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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
P.O. BOX 472 SANFORD FL 32772-0472	P.O. BOX 472 SANFORD FL 32772-0472

3. Date Incorporated or Qualified: 10/26/1967
3a. Date of Last Report: 05/28/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAYERS, COLIN B.
104 COUNTRY CLUB CIRCLE
SANFORD FL 32772

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Colin B Sayers 1-9-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SAVER COLIN B		1.2 NAME		
STREET ADDRESS	104 COUNTRY CLUB CIRCLE		1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	HERBUBLUS, CARL V		2.2 NAME	GALLOGLY, JOHN	
STREET ADDRESS	505 MYRTLE AVE.		2.3 STREET ADDRESS	122 DRESDAN CT	
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP	SANFORD FL 32771	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOROPSAK JOSEPH M		3.2 NAME		
STREET ADDRESS	126 LEE AVE		3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	TREASUREL	☒ Change ☐ Addition
NAME	SEGELLE JOSEPH		4.2 NAME	CONNIFF, DANIEL	
STREET ADDRESS	2590 GRENADA AVE		4.3 STREET ADDRESS	594 YORKSHIRE DRIVE	
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☐ DELETE	5.1 TITLE	TRUSTEE	☒ Change ☐ Addition
NAME	CONNIFF, DAN		5.2 NAME	SEBELLE, JOSEPH	
STREET ADDRESS	594 YORKSHIRE		5.3 STREET ADDRESS	2590 GRENADA AVE	
CITY-ST-ZIP	OVIEDO FL		5.4 CITY-ST-ZIP	SANFORD FL	
TITLE		☐ DELETE	6.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME			6.2 NAME	ZANNIE, ALFRED	
STREET ADDRESS			6.3 STREET ADDRESS	1229 LAKE LUCERNE CIRCLE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708	

CR2E037 (9/96)

14. I do 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 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: DANIEL J CONNIFF Daniel J Conniff 1-9-97 (407)359-2856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0014656