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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713530

1. Corporation Name

COLUMBUS CLUB OF SANFORD, INCORPORATED.

Principal Place of Business

P.O. BOX 472
SANFORD FL 32772-0472

Mailing Address

P.O. BOX 472
SANFORD FL 32772-0472



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/26/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6481768

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

NAME **SAYER COLIN B**
STREET ADDRESS **104 COUNTRY CLUB CIRCLE**
CITY-ST-ZIP **SANFORD FL**

TITLE **VP** ☒ DELETE

NAME **GALLOGLY, JOHN**
STREET ADDRESS **122 DRESDAN CT**
CITY-ST-ZIP **SANFORD FL**

TITLE **SD** ☐ DELETE

NAME **KOROPSAK JOSEPH M**
STREET ADDRESS **126 LEA, AVE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **T** ☒ DELETE

NAME **VON HERBULIS, CARL L**
STREET ADDRESS **505 MYRTLE AVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **T** ☐ DELETE

NAME **CONNIFF, DANIEL**
STREET ADDRESS **594 YORKSHIRE DRIVE**
CITY-ST-ZIP **OVIEDO FL**

TITLE **T** ☐ DELETE

NAME **ZANNIE, ALFRED**
STREET ADDRESS **1229 LAKE LUCERNE CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V.P.
Herbert John R.
208 Bottomwood Ave
Winter Springs FL 32708

T Villalobos Edward J
306 E 21st
Sanford FL 32771

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Colin B. Sayer **Colin B. Sayer** **1-13-99** **(407) 323-7912**

CR2E037 (1/198)