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NONPROFIT CORPORATION ANNUAL REPORT

1999



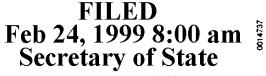
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 713530

1. Corporation Name



02-24-1999 90133 032 ****61.25

COLUM	BUS CLUB OF SANFORD, IN	NCORPORATED.								
Dringing Diag	ce of Business	Mailing Address						1		
P.O. BOX 472		P.O. BOX 472				1 1 88 90 4 88 0 1	HAND HAI C E DAGEN HA	(5 88 (6 8 (8)) 6 (EN ERDIK BISKI BIL	I EL CHON CONT
SANFORD FL		SANFORD FL 32772-0472								
· ·	Place of Business	2a. Mailing Address				3. Date Incorpora 10/26/1967	ted or Qualifed		<u> </u>	
21		26				4. FEI Number			1 14-	plied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-6481768	}	·		t Applicable
City & Sta	ta	City & State							\$8.75	
23	ie –	28				5. Certifcate of St	atus Desired	□·		quired
Zip	Country	Zip	Countr	у		6. Election Camp	aign Financing		\$5.00	May Be
24	25	29	30			Trust Fund Cor	-	□ .	Added	
*1	9. Name and Address of Curren					10. Name and Ad	dress of New	Registered	Agent	
			8.	1 Name	9					
SAYERS, COLIN B. 104 COUNTRY CLUB CIRCLE				2 Stree	t Addres	s (P.O. Box Numbe	r is Not Accept	able)		
) FL 32772		8:	3				· · · ·		
SAMFORE	7 FL 32112		L							^d-
			84	4 City				'Ft	_ 85 Zip	Code
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office or I	to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was at tions of, Section 617.0503, Flor	uthorized bi	y the cor s.	poration	s board of directors	. I hereby acce	pt the appo	intment as re	gistered
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was altions of, Section 617.0503, Flor t and title if applicable. (NOTE:	uthorized bi	y the cor s.	poration	's board of directors then reinstating) ADDITIONS/CH	, I nereby acce	DATE	enunent as re	gistereu
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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: _