

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90045 017 ****61.25

DOCUMENT # 713530

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-6481768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **VILLALOBOS, EDWARD**
STREET ADDRESS **306 E 21ST**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **R** ☐ Delete
NAME **KOROPSAK, JOSEPH**
STREET ADDRESS **126 LEA ROAD**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **HERBERT, JOHN R**
STREET ADDRESS **4012 CROSS ROADS PLACE**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☒ Change ☐ Addition
NAME **TRUSTEE**
STREET ADDRESS **RICHARD MARSHALL**
CITY-ST-ZIP **141 Colburn DR**
DEBARY FL 32713

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **HANNA, LEO C**
STREET ADDRESS **700 N COCHRAN ROAD**
CITY-ST-ZIP **GENEVA FL 32732**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Colin B Sayer

COLIN B SAYER

2-12-04

407-688-1071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #