

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716117

FILED
Mar 31, 2009
Secretary of State

Entity Name: COLUMBUS SOCIAL CLUB, INC.

Current Principal Place of Business:

1509 HENDRICKS AVE.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1509 HENDRICKS AVE.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-0809831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUZANKA, MICHAEL A
1501 HENDRICKS AVE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLOUGH, DAVID
Address: 3366 SHAUNA OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: LOSCO, JOHN F
Address: 2470 PROVOST CT.
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: RUZANKA, MICHAEL
Address: 1439 CAMPBELL AVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: P () Delete
Name: MAGUIRE, MICHAEL I
Address: 1039 RIVER OAKS RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: SLOWIK, MICHAEL P
Address: 3749 SPENCE CT.
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: BROWN, THOMAS M
Address: 5511 KEYSTONE DR. S
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: RUZANKA, MICHAEL
Address: 1439 CAMPBELL AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE RUZANKA

TREA

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date