FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **716234** **(0)**

1. Corporation Name

COLUMBIAN CLUB OF SOUTH ORLANDO, INC.

Principal Place of Business	Mailing Address
6200 S. ORANGE BLOSSOM TR. P.O.BOX 590544 ORLANDO FL 32859-0544	6200 S. ORANGE BLOSSOM TR. P.O.BOX 590544 ORLANDO FL 32859-0544

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

3. Date Incorporated or Qualified: **03/19/1969**

3a. Date of Last Report: **03/15/1995**

4. FEI Number: **23-7137313** ☐ 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

STEPHENS, JOHN C
5303 HANSEL AVE A20
ORLANDO FL. 32809

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMPIERI, NUNCIO 316 STIMSON ST. ORLANDO FL.	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMAY, FRANCIS L 5807 QUEEN ST ORLANDO FL.	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURR, CHARLES A. 702 GALWORTHY AVENUE ORLANDO FL.	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SPONDER, PHILIP A 5106 LACROIX AVE ORLANDO FL.	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLORIE, RALPH J. 14507 FOXHAVEN BLVD ORLANDO FL.	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CONIGLIO, FRANK C. SR. 3991 CARRADALE COURT ORLANDO FL.	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D DARINO, ROBERT 936 ALMOND TREE CIRCLE ORLANDO, FL	☐ Change ☒ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Philip R. Sponder, TREASURER April 11, 1996 (407) 855-4756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #