

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR -6 AM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724726 (5)

1. Corporation Name

THE WEST VOLUSIA COLUMBIAN CLUB, INC.

Principal Place of Business

Mailing Address

201 SPEEDWAY MEMORIAL HWY.
P. O. BOX 601
DELAND FL 32721-0601

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P. O. BOX 601
DELAND FL 32721-0601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

11/06/1972

04/20/1994

4. FEI Number

23-7541531

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, F. A.
527 CAMELIA LANE
DELAND FL 32720

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 607.0502 and 607.1508, 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 607.0505, 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
NAME HOFFMAN, FRED
STREET ADDRESS 107 WILEY AVE.
CITY-ST-ZIP DELAND, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME WULCHAK, JAMES
STREET ADDRESS 1152 GLENWOOD TRAIL
CITY-ST-ZIP DELAND FL

2.1 TITLE VICE PRESIDENT Change Addition
2.2 NAME ROBERT DUGAN
2.3 STREET ADDRESS 1040 BOLLING ACRES DR
2.4 CITY-ST-ZIP DELAND FL 32720

TITLE ST
NAME JOHNSON, F. A.
STREET ADDRESS 527 CAMELIA LANE
CITY-ST-ZIP DELAND FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME GAUVNE, RONALD
STREET ADDRESS 238 W RICH AVE.
CITY-ST-ZIP DELAND FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME FOELKER, DANIEL
STREET ADDRESS 1701 FOELKER RD.
CITY-ST-ZIP DELAND FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME KOSTKA, PAUL
STREET ADDRESS 566 E WISCONSIN AVE
CITY-ST-ZIP ORANGE CITY FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 as an attachment with an address.

SIGNATURE:

F.A. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
F.A. JOHNSON

3/3/95 909-734-0675
Date Name/Phone #