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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 724726

1. Corporation Name

THE WEST VOLUSIA COLUMBIAN CLUB, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21

26

11/06/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
23-7541531

Applied For  
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 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

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  DELETE

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 2518 Krinklewood Dr.  
1.4 CITY-ST-ZIP Deland Florida 32724

TITLE VP  DELETE

NAME DUGAN, ROBERT  
STREET ADDRESS 1040 ROLLING ACRES DR  
CITY-ST-ZIP DELAND FL

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST  DELETE

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  DELETE

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

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS 1735 Hontoon Rd  
4.4 CITY-ST-ZIP Deland, FL 32720

TITLE D  DELETE

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  DELETE

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 52 Madera Rd  
6.4 CITY-ST-ZIP DeBary Florida 32713

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:

SIGNATURE REQUIRED

Feb. 10, 1999 904-734-067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)