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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90175 045 \*\*\*\*61.25

0013449

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

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date incorporated or Qualified

11/06/1972

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **P HOFFMAN, FRED**  
 STREET ADDRESS **107 WILEY AVE.**  
 CITY-ST-ZIP **DELAND, FL 00000**

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS **2518 Krinklewood Dr.**  
 1.4 CITY-ST-ZIP **Deland Florida 32724**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

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

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 10, 1999 904-734-067

Date

Daytime Phone #

CR2E037 (1/198)