


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90088 019 ****61.25

DOCUMENT # 724726
 1. Entity 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 201 SPEEDWAY MEMORIAL HWY.
 P. O. BOX 601
 DELAND FL 32721-0601

40032032



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
230 SPEEDWAY MEMORIAL HWY
 Suite, Apt. #, etc. Suite, Apt. #, etc.
~~PO BOX 601~~
 City & State City & State
DELAND FL
 Zip Country Zip Country
32724 *VOLUSIA*

4. FEI Number Applied For
23-7541531 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOHNSON, F. A.
527 CAMELIA LANE
DELAND FL 32720

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WOODS, PETER T	
STREET ADDRESS	869 LIBERTY COURT	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUGAN, ROBERT	
STREET ADDRESS	1040 ROLLING ACRES DR	
CITY-ST-ZIP	DELAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHNSON, F. A.	
STREET ADDRESS	527 CAMELIA LANE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANESE, ANTHONY	
STREET ADDRESS	1727 OLD DAYTONA RD.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOELKER, DANIEL	
STREET ADDRESS	418 W. MINNESOTA	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVONAROLA, DAVID	
STREET ADDRESS	3382 MORNING DOVE DRIVE	
CITY-ST-ZIP	DELAND FL 32720	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES DOLAN	
STREET ADDRESS	475 N. SUMMIT AVE	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS JOHNSON, SECRETREAS *[Signature]* 3/8/05 386-734-0675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #