

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724726

FILED
May 04, 2009
Secretary of State

Entity Name: THE WEST VOLUSIA COLUMBIAN CLUB, INC.

Current Principal Place of Business:

230 E. INTERNATIONAL SPEEDWAY BLVD
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 601
DELAND, FL 327210601

New Mailing Address:

P.O.BOX 601
DELAND, FL 327210601 US

FEI Number: 23-7278659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAVONAROLA, DAVID J
3382 MORNING DOVE DRIVE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODS, PETER T
Address: 869 LIBERTY COURT
City-St-Zip: DELAND, FL 32724

Title: VP () Delete
Name: RAK, MARTIN P
Address: 688 WINTERBERRY TRAIL
City-St-Zip: DELAND, FL 32724

Title: ST () Delete
Name: SMITH, RONALD A
Address: 2780 PRINCETON PLACE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: SCHOPPERT, DANIEL M
Address: 3501 CORAL AVE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: GURNEY, HENRY B
Address: 2970 HIGATE DRIVE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: SAVONAROLA, DAVID J
Address: 3382 MORNING DOVE DRIVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAK, MARTIN P
Address: 688 WINTERBERRY TRAIL
City-St-Zip: DELAND, FL 32724

Title: VP (X) Change () Addition
Name: MENZA, CHRISTOPHER J
Address: 1340 GLENWOOD ROAD
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. SAVONAROLA

D

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date