
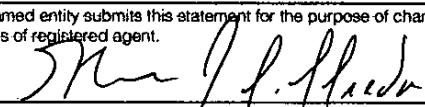
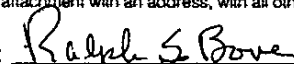


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90026 002 ****70.00

DOCUMENT # 740266 1. Entity Name COLUMBUS CLUB OF ORLANDO, INCORPORATED					
Principal Place of Business. 5727 CORNELIA AVE. ORLANDO, FL 32807			Mailing Address. 5727 CORNELIA AVE. ORLANDO, FL 32807		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05242005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1940539				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUCHEMIN, ROBERT A 201 S. ORANGE AVE SUITE 1015 ORLANDO, FL 32801			Name Glen J. Ioffredo Street Address (P.O. Box Number is Not Acceptable) (270 Orange Ave. Suite D) City Winter Park FL Zip Code 32790-2855		
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 5/24/05		
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENNESSEY, JR., JAMES J		NAME		
STREET ADDRESS	2215 EASTBROOK BLVD.		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32792		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEMETHY, JOHN J		NAME	VD	
STREET ADDRESS	4009 POINT REYES CT		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32817		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, ROBERT W		NAME		
STREET ADDRESS	2927 BOWER ROAD		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32792		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRARI, FRANCO		NAME		
STREET ADDRESS	4906 SUDBURY COURT		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32826		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, ROBERT J		NAME		
STREET ADDRESS	1118 DENSMORE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32792		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	TD	
STREET ADDRESS			STREET ADDRESS	Ralph S. Bove	
CITY - ST - ZIP			CITY - ST - ZIP	1913 Lahinch Ct. Orlando, FL 32826	
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 817, 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:  Ralph S. Bove			Date 5-24-05 Daytime Phone # AC 407-380-6901		