

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**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**



02082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1940539**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**IOFFREDO, GLEN J  
1270 ORANGE AVE. SUITE D  
WINTER PARK, FL 32790**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HENNESSEY, JR., JAMES J  
STREET ADDRESS 2215 EASTBROOK BLVD.  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE V  
NAME FERRARI, FRANCO  
STREET ADDRESS 14166 LAKE PRICE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32807

TITLE T L  
NAME MERENDEZ, WILLIAM D  
STREET ADDRESS 1234 VIRGINIAN DRIVE  
CITY-ST-ZIP ORLANDO, FL 32807

TITLE SD  
NAME BELL, ROBERT J  
STREET ADDRESS 1118 DENSMORE DRIVE  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000840988  
03/07/08-80015-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *William D Merendez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM D MERENDEZ TRS** 2/19/08

Date

407-378-0112

Daytime Phone #