

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 23 AM 11:17

DOCUMENT # **747234** (3)

1. Corporation Name
DELTONA COLUMBIAN CLUB INCORPORATED

Principal Place of Business Mailing Address
1385 MAXIMILLIAN STREET DELTONA FL 32725

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 Zip 29 Country 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **05/17/1979** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-2062113** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BAEHR, ROBERT N.
616 MERRIMAC STREET
DELTONA FL 32725**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, CHARLES J	1.2 NAME	RANDENE, JOSEPH F.
STREET ADDRESS	2174 SWANSON DRIVE	1.3 STREET ADDRESS	2610 TRYON AVE.
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE	VD	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, MICHAEL S.	2.2 NAME	BLUMBERG DUNN, THOMAS E.
STREET ADDRESS	1972 VIKING AVENUE	2.3 STREET ADDRESS	2441 SIAM COURT
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	DELTONA FL 32738
TITLE	SD	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTTEN, MARION L	3.2 NAME	BOGDANSKI, LUCIAN S
STREET ADDRESS	2072 ALAMEDA DRIVE	3.3 STREET ADDRESS	671 S. HARTLEY CIRCLE
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE	TD	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORAVETZ, EDWARD J	4.2 NAME	KYLE SR., EDWARD L.
STREET ADDRESS	1912 E CHAPEL DR.	4.3 STREET ADDRESS	1249 BACHMAN AVE
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAEHR, ROBERT N	5.2 NAME	
STREET ADDRESS	616 MERRIMAC ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVUCCI, FRANK R.	6.2 NAME	
STREET ADDRESS	1019 PINDER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mariop L. Cotten 1/17/95 (904) 789-0340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIOP L. COTTEN, SECRETARY