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 MAY -1 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755751 (5)

1. Corporation Name

COLUMBUS CLUB OF RUSKIN, INC.

Principal Place of Business	Mailing Address
106 11TH AVENUE NE P.O. BOX 1737 RUSKIN FL 33570	106 11TH AVENUE NE P.O. BOX 1737 RUSKIN FL 33570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1980	3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2064993	☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21	2a. Mailing Address: 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

DIBERNARDO, GEORGE A.
6226 FLORIDA CIRCLE
APOLLO BEACH FL 33572

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCLANCY, HOWARD J.
STREET ADDRESS	1202 CHESTEFIELD S.W.
CITY-ST-ZIP	RUSKIN FL
TITLE	DV
NAME	VILLEMARIE, LIONEL
STREET ADDRESS	P.O. BOX 114, CAMPUS DR
CITY-ST-ZIP	RUSKIN FL
TITLE	T
NAME	FERRIS, BERNARD
STREET ADDRESS	11128 MARK HAMILTON DR.
CITY-ST-ZIP	GIBSONTON FL
TITLE	DV
NAME	HARRINGTON, W.(TRUSTEE)
STREET ADDRESS	GIBSONTON DR
CITY-ST-ZIP	GIBSONTON FL
TITLE	SD
NAME	MCDOWELL, ROBERT M.
STREET ADDRESS	11729 LYNMOOR DRIVE
CITY-ST-ZIP	RIVERVIEW FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P ☒ Change ☐ Addition
1.2 NAME	PYLE, TERRENCE F.
1.3 STREET ADDRESS	6316 Cottonwood Lane
1.4 CITY-ST-ZIP	Apollo Beach FL 33572
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Terrence F. Pyle, President 04/28/95 (813)634-3361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0052852