

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90004 026 ****61.25

DOCUMENT # 767430

1. Entity Name
COLUMBUS CLUB OF BREVARD COUNTY, INC.



Principal Place of Business
**2150 DAIRY RD
W MELBOURNE, FL 32904**

Mailing Address
**P.O. BOX 96
MELBOURNE, FL 32902**

40032101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6488471

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCOEUR, ROGER D
1020 LITTLE CT NE
PALM BAY, FL 32907**

Name **RICHARD AMATO**

Street Address (P.O. Box Number is Not Acceptable)
1368 COX AVE NW

City **PALM BAY**

FL Zip Code **32907**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **P. FRANCOEUR, ROGER D**
STREET ADDRESS **1020 LITTLE CT NE**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **RICHARD AMATO**
CITY-ST-ZIP **1368 COX AVE NW
PALM BAY, FL 32907**

TITLE ☒ Delete
NAME **V DOBBIN, JOSEPH**
STREET ADDRESS **2631 BRADFORD DR**
CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE ☒ Change ☐ Addition
NAME **VP PATRICK MASSARO**
STREET ADDRESS **220 TRILBY RD SW**
CITY-ST-ZIP **PALM**

TITLE ☒ Delete
NAME **SD. ALLISON, DOUGLAS**
STREET ADDRESS **301 SO. MIRAMAR AVE. # 105**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE ☒ Change ☐ Addition
NAME **SD HERMAN BISHOP**
STREET ADDRESS **3949 BAYBERRY DRIVE**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE ☒ Delete
NAME **T MARTINEZ, WILLIAM**
STREET ADDRESS **861 FOREST ST NE**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE ☒ Change ☐ Addition
NAME **T RICHARD DENNY**
STREET ADDRESS **103 WEST COURT**
CITY-ST-ZIP **MEL BOURNE, FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

RICHARD AMATO

2/18/08

**537-0145
768-7930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #