2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N00000004495

Entity Name: COLUMBIAN CLUB NO. 8104, INC.

Current Principal Place of Business:

5632 LAND O'LAKES BLVD.
LAND O' LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

5632 LAND O'LAKES BLVD.
LAND O' LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3672451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INHOFER, JOHN D
5632 LAND O'LAKES BLVD.
LAND O' LAKES, FL 34639 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	INHOFER, JOHN D	
Address:	4504 PARKWAY BLVD.	
City-St-Zip:	LAND O' LAKES, FL 34639	
Title:	VD	( ) Delete
Name:	MULRENIN, PHIL	
Address:	22176 WEEKS BLVD.	
City-St-Zip:	LAND O' LAKES, FL 34639	
Title:	TD	( ) Delete
Name:	MITCHELL, JOHN	
Address:	6714 DELI AVE APT A-106	
City-St-Zip:	LAND O' LAKES, FL 34637	
Title:	TD	( ) Delete
Name:	GARDNER, J. ROBERT	
Address:	1729 HERON COVE DR	
City-St-Zip:	LUTZ, FL 33549	
Title:	SD	( ) Delete
Name:	PANICO, ROBERT	
Address:	15409 LAKESHORE VILLA DR 62	
City-St-Zip:	TAMPA, FL 33613	
Title:	SD	( ) Delete
Name:	GARCIA, FELIX	
Address:	3752 MERIDEAN PLACE	
City-St-Zip:	LAND O' LAKES, FL 34639	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D INHOFER PD 01/15/2009

Electronic Signature of Signing Officer or Director — Date