SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Aug 04 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # N09736 (2)COLUMBIAN CLUB OF VERO BEACH, INC. Principal Place of Business Mailing Address 555 OSLO ROAD 555 OSLO ROAD P.O. 6115 P.O. 6115 DO NOT WRITE IN THIS SPACE VERO BEACH FL 32962 VERO BEACH FL 32962 3a. Date of Last Report 3. Date Incorporated or Qualified 06/13/1985 11/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2289487 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name KEEGAN, RICHARD E 82 Street Address (P.O. Box Number is Not Acceptable) 15094 AGUILA AVENUE 83 FT. PIERCE FL 34951 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 917.1508, 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 familiar with, and accept the familiar with an except the familiar with an except the familiar with a province of the familiar with an except the familiar with a province of the **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE PDM 1.1 TITLE Change NAME CASS, EDWARD W 1.2 NAME 6615 SPANISH LAKES BLVD. STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME GARTHWAITE, ED 2.2 NAME STREET ADDRESS 13937 ENCANTARDO CIR. 2.3 STREET ADDRESS CITY-ST-ZIP <u>ft.</u> Pierce fl 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 13959 BALIA AVENUE STREET ADDRESS 3.3 STREET ADDRESS PIERCEN CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME vaccabo Michael 4. 2 NAME 2 ARBOLES DEL NORTE STREET ADDRESS 4.3 STREET ADDRESS PA. PIERCE PL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE KEEGAN, RICHARD E NAME 5.2 NAME STREET ADDRESS 15094 AGUILA AVENUE 5.3 STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL 5.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 Charger 617 Florida statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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