
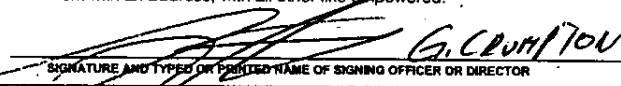


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90013 018 \*\*\*\*61.25

<b>DOCUMENT # N13137</b>					
1. Entity Name COLUMBIAN #1, INC.					
Principal Place of Business 5850 KOFC DRIVE PORT RICHEY, FL 34668		Mailing Address 5850 KOFC DRIVE PORT RICHEY, FL 34668 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3059658	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALTMAN, JAMES J 5539 DELAWARE AVE NEW PT RICHEY, FL 34652			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUDZINA, ED		NAME	CREG CRUMPTON	
STREET ADDRESS	119 CARYL WAY		STREET ADDRESS	9915 LAKE CHRIS LN	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	PORT RICHEY, FLA. 34668	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	MARIO SORINITA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPURGEON, LEE		NAME	MARIO SORINITA	
STREET ADDRESS	3822 GULF DRIVE		STREET ADDRESS	8418 AUKARI CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	NEW PORT RICHEY, FLA 34653	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, TOM		NAME		
STREET ADDRESS	3601 WOOD COCK DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPURGEON, LEE		NAME	JOHN LIPARI	
STREET ADDRESS	5822 GULF BLVD		STREET ADDRESS	9714 MARLINTON LN	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	PORT RICHEY, FLA 34668	
TITLE	T	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, ROBERT		NAME		
STREET ADDRESS	7623 RADCLIFF CIR, A112		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALGUTT, JOSEPH		NAME	WILLIAM STRAHAN	
STREET ADDRESS	8813 SPRINGHAVEN BLVD		STREET ADDRESS	3819 US 19 LOT 14	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	HOLIDAY, FLA. 34691	
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: 		G. CRUMPTON		02/28/06 727-946-4734	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

40024559



#N13137  
Knights of Columbus

FATHER FELIX ULLRICH COUNCIL, No. 5869  
5850 K of C Drive  
Port Richey, Florida 34668

BLOCK II CONTINUED

ADDITION

TITLE D  
NAME SAM KEOSAIAN  
ADDRESS 12645 VIA PLAZA WAY  
CITY, STATE, ZIP NEW PORT RICHEY, FLA 34654

ADDITION

TITLE D  
NAME JOHN SANTIAGO  
ADDRESS 1719 ARBOR VIEW LANE  
CITY, STATE, ZIP PORT RICHEY, FLA. 34668

ADDITION

TITLE D  
NAME ANTHONY WOZNICK  
ADDRESS 7651 ROMANA DR  
CITY, STATE, ZIP NEW PORT RICHEY, FLA 34653