

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 13, 2009  
Secretary of State

DOCUMENT# N13137

Entity Name: COLUMBIAN #1, INC.

**Current Principal Place of Business:**

5850 K OF C DRIVE  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

5850 K OF C DRIVE  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

FEI Number: 59-3059658      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALTMAN, JAMES J  
5539 DELAWARE AVE  
NEW PT RICHEY, FL 34652 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: D ( ) Delete  
Name: POREBSKI, MICHAEL  
Address: PO BOX 3  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: P ( ) Delete  
Name: SUDZINA, ED  
Address: 119 CARYL WAY  
City-St-Zip: OLDSMAR, FL 34677

Title: VP ( ) Delete  
Name: PALGUTT, JOSEPH  
Address: 8813 SPRINGHAVEN BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S ( ) Delete  
Name: MIERNIK, JOHN  
Address: 6335 MISSOURI AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T ( ) Delete  
Name: SHEEHAN, ROBERT  
Address: 10904 LIVINGSTON DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete  
Name: SPINELLA, HENRY  
Address: 10705 MILLRIVER DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

**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: ED SUDZINA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/13/2009

\_\_\_\_\_  
Date