


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N15636 1. Entity Name COLUMBUS CLUB OF FORT PIERCE, INC.	
--	---

Principal Place of Business 2046 S. U.S. 1 FORT PIERCE, FL 34950	Mailing Address 2046 S. U.S. 1 FORT PIERCE, FL 34950
--	--



02132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6152866	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 GRISSOM, WILLIAM L 1003 TENNESSEE AVE. FORT PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fee**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P7 NAVARRO, MICHAEL J 377 NW PLACID AVE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORPAR, JOHN 319-C COLONY LN. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONE, PETER 3120 N A1A APT 401 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERWAN, MICHAEL 5308 CITRUS AVE FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FECYAK, WILLIAM 1809 S. 8TH ST FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAUGHAN, JOHN J. 3049 FAIRWAY DR. FT. PIERCE, FL 34962

1100000102102
06/04/04-80001-011 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Peter E. Simone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6104 772-461-2220
Date Daytime Phone #