

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15636

FILED
Jan 19, 2009
Secretary of State

Entity Name: COLUMBUS CLUB OF FORT PIERCE, INC.

Current Principal Place of Business:

2046 S. U.S. 1
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2046 S. U.S. 1
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 59-6152866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRISSOM, WILLIAM L
1311-A PEPPERTREE TRAIL
FORT PIERCE, FL 34950 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: P7 () Delete
Name: BORROW, ANTHONY R PRES.
Address: 604 JUAN ORTIZ
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: CARUSO, ANTHONY P
Address: 361 HERNANDO STREET
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: SCHUCKER, KARL A
Address: 3208 SUNRISE BLVD.
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: WOLF, RICHARD E
Address: 2716 PLACID AVENUE
City-St-Zip: FT. PIERCE, FL 34982

Title: D () Delete
Name: SIMONE, PETER E
Address: 3120 NORTH A-1-A 401 S
City-St-Zip: FORT PIERCE, FL 34949

Title: TD () Delete
Name: MAUGHAN, JOHN J
Address: 3049 FAIRWAY DR.
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P7 (X) Change () Addition
Name: FITZPATRICK, JOHN PRES.
Address: 3920 NORTH A1A (UNIT1003)
City-St-Zip: FORT PIERCE, FL 34949

Title: D (X) Change () Addition
Name: MALLON, DENNIS L
Address: 1502 N. LAWNWOOD CIRCLE #33B
City-St-Zip: FORT PIERCE, FL 34950

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

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

Title: D (X) Change () Addition
Name: FEGYAK, WILLIAM E
Address: 1809 SOUTH 8TH STREET
City-St-Zip: FORT PIERCE, FL 34950

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: WALTER J. MCCARTHY

F.S.

01/19/2009

Electronic Signature of Signing Officer or Director

Date