

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90024 024 \*\*\*\*70.00

**DOCUMENT # N17525**

1. Entity Name

THE COLUMBUS CLUB OF ST. AUGUSTINE, INC.



Principal Place of Business

P. O. BOX 771  
121 ARREDONDO AVE.  
ST. AUGUSTINE FL 32085

Mailing Address

P. O. BOX 771  
121 ARREDONDO AVE.  
ST. AUGUSTINE FL 32085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2829290

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELLICER, CHARLES E  
28 CORDOVA STREET  
ST. AUGUSTINE FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME P  
STREET ADDRESS DUFRESNE, BRUCE  
CITY-ST-ZIP 18 SEMINOLE DR  
SAINT AUGUSTINE FL 32084

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS KUZNIK, TONY  
CITY-ST-ZIP 504 SUGAR PINE COURT  
ST AUGUSTINE FL 32080

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS EVRARD, JAMES A  
CITY-ST-ZIP 1132 COMPASS ROAD  
ST-AUGUSTINE FL 32080

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GOMEZ, FRANK  
CITY-ST-ZIP 704 MICKLER BLVD  
ST. AUGUSTINE FL 32084

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KUZNIK, TONY  
CITY-ST-ZIP 504 SUGAR PINE COURT  
ST AUGUSTINE FL 32080

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LOVELESS, ROLAND  
CITY-ST-ZIP 25 ALCIRA COURT  
ST. AUGUSTINE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME DUFRESNE, Bruce  
STREET ADDRESS 14 Seminole Dr.  
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*James A. Evrard* JAMES A. EVRARD TREASURER/DIRECTOR (904) 471-2262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #