


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N18271 (9) 1. Corporation Name COLUMBIAN CLUB OF FLAGLER COUNTY, INC.			
Principal Place of Business		Mailing Address	
51 OLD KINGS ROAD P.O. BOX 350219 PALM COAST FL 32135		51 OLD KINGS ROAD P.O. BOX 350219 PALM COAST FL 32135-0219	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SAPIENZA, STEPHEN P. 204 S. DAYTONA AVENUE FLAGLER BEACH FL 32036		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME DALY, THOMAS J STREET ADDRESS 13 CHATWICK CT CITY-ST-ZIP PALM COAST FL		1.1 TITLE 1.2 NAME GENEVE, LOUIS J. 1.3 STREET ADDRESS WEBER LANE 1.4 CITY-ST-ZIP PALM COAST, FL 32164	
TITLE VD NAME RODRIGUEZ, HECTOR STREET ADDRESS 77 BEACON MILL LN CITY-ST-ZIP PALM COAST FL		2.1 TITLE 2.2 NAME CANFIELD, JAMES V. 2.3 STREET ADDRESS S CLAYMONT CT S. 2.4 CITY-ST-ZIP PALM COAST, FL 32137	
TITLE SD NAME HOFFMAN, FRANCIS H STREET ADDRESS 21 BANTON LN CITY-ST-ZIP PALM COAST FL		3.1 TITLE 3.2 NAME KEENAN, RICHARD D. 3.3 STREET ADDRESS 28 WEBBWOOD PL 3.4 CITY-ST-ZIP PALM COAST, FL 32137	
TITLE TD NAME KLEIN, LOUIS V STREET ADDRESS 4 OCEANSIDE CT CITY-ST-ZIP PALM COAST FL		4.1 TITLE 4.2 NAME COYE, RONALD E. 4.3 STREET ADDRESS 14 VIA CARAI 4.4 CITY-ST-ZIP PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Ronald E. Coyle</u> 4/7/97 904-945-6766 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0002794			



CR2E037 (9/96)