

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18271

FILED
Jul 02, 2004
Secretary of State

Entity Name: COLUMBIAN CLUB OF FLAGLER COUNTY, INC.

Current Principal Place of Business:

51 OLD KINGS ROAD
P.O. BOX 350219
PALM COAST, FL 32135

New Principal Place of Business:

Current Mailing Address:

51 OLD KINGS ROAD
P.O. BOX 350219
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-3081983 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAPIENZA, STEPHEN P
300 N. STATE STREET
BUNNELL, FL 32110 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: PD () Delete
Name: SCHEINER, ROBERT J
Address: 12 CONTREE CT
City-St-Zip: PALM COAST, FL 32137

Title: VD () Delete
Name: FERGUSON, BARRETT
Address: PO BOX 695
City-St-Zip: BUNNELL, FL 32110

Title: TD () Delete
Name: CLEARY, WILLIAM D
Address: 86 WOODHAVEN DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: SD (X) Delete
Name: WALL, KEN A
Address: 22 BRUNETT LN
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: CADET, CARLO
Address: 12 DEERFIELD CT
City-St-Zip: PALM COAST, FL 32137

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT SCHEINER

PRES

07/02/2004

Electronic Signature of Signing Officer or Director

Date