
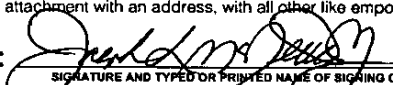


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90004 025 \*\*\*\*61.25

<b>DOCUMENT # N18271</b> 1. Entity Name <b>COLUMBIAN CLUB OF FLAGLER COUNTY, INC.</b>					
Principal Place of Business <b>51 OLD KINGS ROAD PALM COAST, FL 32137</b>			Mailing Address <b>P.O. BOX 350219 PALM COAST, FL 32137-0219</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3081983</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SAPIENZA, STEPHEN P 300 N. STATE STREET BUNNELL, FL 32110</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD SCHIERLING, JOHN W 22 CRISTON COURT PALM COAST, FL 32137</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GENUR, LOUIS 8 PACIFIC DRIVE PALM COAST, FL 32154</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MEISTER, MR. 126 WHISPERING PINES DRIVE PALM COAST, FL 32154</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			<b>JOSEPH L McDEVITT JR</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>8/24/06</b> <small>Daytime Phone #</small> <b>(386) 446-5632</b>		

**50026587**



08162006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3081983**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FL** Zip Code

SEE ATTACHED LIST

# ATTACHMENT

57026587  
# 18271

## OFFICERS AND DIRECTORS

Title: P/D/M  
Name: BARLETTA, LOUIS  
Address: 15 Farmdale Ln  
City ST Zip: Palm Coast, FL 321

Title: V/D  
Name: SKRZPINSKI, RICHARD I  
Address: 10 Waldorf Pl  
City ST Zip: Palm Coast, FL 32164

Title: S/D  
Name: MEISTER, WILLIAM A  
Address: 126 Whispering Pine Dr  
City ST Zip: Palm Coast, FL 32164

Title: T/D/M  
Name: McDEVITT, JOSEPH L.  
Address: 4 Ranber Pl  
City ST Zip: Palm Coast, FL 321

Title: D  
Name: MERZ, JOSEPH G.  
Address: 74 Fleming Ct  
City ST Zip: Palm Coast, FL 32137

Title: D  
Name: CANNATA, DOMINICK  
Address: 10 Fielding Ln  
City ST Zip: Palm Coast, FL 32137

Title: D  
Name: FERGUSON, BARRETT E.  
Address: 695 No Peach Dr  
City ST Zip: Bunnell, FL 32110

Title: D  
Name: GENEVE, LOUIS J.  
Address: 8 Pacific Dr  
City ST Zip: Palm Coast, FL 32164

Title: D  
Name: FLANAGAN, MICHAEL J.  
Address: 94 Cimmaron Dr  
City ST Zip: Palm Coast, FL 32137

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Columbian Club of Flagler County  
P.O. Box 350219  
Palm Coast, FL 32135-0219  
8/24/06

# ATTACHMENT

Title: D  
Name: ROBERTS, RUDOLFO  
Address: 49 Lagare St  
City ST Zip: Palm Coast, FL 32137

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# N18271

Title: D  
Name: REZENDES, CARLOS  
Address: 19 Masters Ct  
City ST Zip: Palm Coast, FL 32137

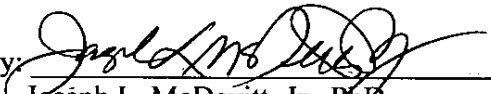
Title: D  
Name: ZANELLA, MICHAEL  
Address: 5504 Campo Drive - -  
City ST Zip: Keystone Heights, FL 32656

Title: D  
Name: HOFFMAN, FRANCIS H.  
Address: 21 Banton Ln  
City ST Zip: Palm Coast, FL 32137

Title: D  
Name: VACANT  
Address:  
City ST Zip:

This information is supplied with Document #N18271

For: Columbian Club of Flagler County, Inc.  
51 Old Kings Road  
Palm Coast, FL 32137

By:   
Joseph L. McDevitt, Jr., PhD  
Treasurer & House Manager  
(386) 446-5632

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Palm Coast, FL 32135-0219  
8/24/06