


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90032 031 \*\*\*\*61.25

<b>DOCUMENT # N18271</b> 1. Entity Name <b>COLUMBIAN CLUB OF FLAGLER COUNTY, INC.</b>	
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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>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3081983</b>		Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDM BARLETTA, LOUIS 15 FARNDAL LN PALM COAST FL 32164 <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	VD SKRZPINSKI, RICHARD I 10 WALDORF PL PALM COAST FL 32164 <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	SD MEISTER, WILLIAM A 126 WHISPERING PINE DR PALM COAST FL 32164 <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	TDM MCDEVITT, JOSEPH L 4 RAMBER PL PALM COAST FL 32164 <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	D MERZ, JOSEPH G 74 FLEMING CT PALM COAST FL 32137 <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	D CANNATA, DOMINICK 10 FIELDING LN PALM COAST FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*See Attached  
List*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:** *Joseph L McDevitt, Jr* **JOSEPH L MCDEVITT, JR** *2/7/07* **386 446-5632**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
40018984

#N18271

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

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

Title: D  
Name: VITALE, VAN  
Address: 1 Baltimore Lane  
City ST Zip: Palm Coast, FL 32137

Title: D  
Name: Kenneth Clymer  
Address: 12 Blasdel Ct  
City ST Zip: Palm Coast, FL 32137

Title: D  
Name: John Edsell  
Address: 50 Bassett Ln  
City ST Zip: Palm Coast, FL 32137

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