

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38039 (6)

1. Corporation Name

NEW PORT RICHEY COLUMBIAN CLUB, INC.

Principal Place of Business

Mailing Address

C/O FRANK R KLAUSCH  
5246 ALLAMANDA DRIVE  
NEW PORT RICHEY FL 34652C/O FRANK R KLAUSCH  
5246 ALLAMANDA DRIVE  
NEW PORT RICHEY FL 34652-42023. Date Incorporated or Qualified  
05/08/19903a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLAUSCH, ROBERT L  
5246 ALLANANDA DR  
9470 SACRAMENTO DR  
N PORT RICHEY FL 34655

81 Name

~~Clain Zacht~~

82

Street Address (P.O. Box Number is Not Acceptable)

~~5912 Ill. Ave.,~~

83

84

~~N. Port Richey, FL~~

FL

85 Zip Code

~~34652~~

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLAUSCH, ROBERT L	
STREET ADDRESS	9470 SACRAMENTO DR	
CITY - ST - ZIP	N PORT RICHEY FL	

1.1 TITLE	7	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clain Zacht	
1.3 STREET ADDRESS	5912 Ill. Ave.,	
1.4 CITY - ST - ZIP	N. Port Richey, FL. 34652	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DENAGA, WILLIAM	
STREET ADDRESS	5304 DRIFT TIDE	
CITY - ST - ZIP	NEW PORT RICHEY FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frank Klausch	
2.3 STREET ADDRESS	5407 Palmetto Road,	
2.4 CITY - ST - ZIP	N. Port Richey, FL 34652	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOMASKO, VINCENT G	
STREET ADDRESS	4444 SAWGRASS BLVD	
CITY - ST - ZIP	N PORT RICHEY FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TEDESCO, ANTHONY	
STREET ADDRESS	4601 DAPHNE	
CITY - ST - ZIP	NEW PORT RICHEY FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	OLLER, MICHAEL J.	
STREET ADDRESS	4432 GARNET APT 102	
CITY - ST - ZIP	NEW PORT RICHEY FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert L. Klausch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067927

1-6-97

813 376-5661

CR2E037 (9/96)