

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90119 019 ****61.25

DOCUMENT # N38039

1. Corporation Name

NEW PORT RICHEY COLUMBIAN CLUB, INC.

Principal Place of Business

C/O FRANK R KLAUSCH
5246 ALLAMANDA DRIVE
NEW PORT RICHEY FL 34652

Mailing Address

C/O FRANK R KLAUSCH
5246 ALLAMANDA DRIVE
NEW PORT RICHEY FL 34652



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/08/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0227316

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLAUSCH, FRANK R
5407 PALMETTO RD
N PORT RICHEY FL 34652

81 Name

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

83

84 City

FL

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 Frank R. Klausch
(Signature, typed or printed name of registered agent and title, if applicable.)

Frank. R. Klausch PD
(NOTE: Registered Agent signature required when reinstating)

1-5-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME FRANK R KLAUSCH
STREET ADDRESS 5407 PALMETTO RD
CITY-ST-ZIP N PORT RICHEY FL 34652

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME DENAGA, WILLIAM
STREET ADDRESS 5304 DRIFT TIDE
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD ☐ DELETE
NAME TOMASKO, VINCENT G
STREET ADDRESS 4444 SAWGRASS BLVD
CITY-ST-ZIP N PORT RICHEY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T ☐ DELETE
NAME ZACHERL, CLAIR
STREET ADDRESS 5912 ILLINOIS AVE
CITY-ST-ZIP N PORT RICHEY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD ☒ DELETE
NAME ROBERT L KLAUSCH
STREET ADDRESS 9470 SACRAMENTO DR
CITY-ST-ZIP N PORT RICHEY FL 34655

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

VD Alphonsus DiCicco
4914 Dunney Lane
N. Port Richey, FL 34652

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: Clair Zacherl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99
Date

727 849-8897
Daytime Phone #

CR2E037 (11/98)