

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 27, 2004
Secretary of State**

DOCUMENT# N38039

Entity Name: NEW PORT RICHEY COLUMBIAN CLUB, INC.

Current Principal Place of Business:

5246 ALLAMANDA DR.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5246 ALLAMANDA DR.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 65-0227316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANKOVIC, THOMAS
5246 ALLAMANDA DR.
N PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

LOPASKA, PETER
8647 BRIDGEWATER DR
N PORT RICHEY, FL 34655 US

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: PETER LOPASKA, PRESIDENT 08/27/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JANKOVIC, THOMAS
Address: 4050 PERRY PL
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD () Delete
Name: LOPASKA, PETER
Address: 7625 DEEPOOT DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD () Delete
Name: TOMASKO, VINCENT G
Address: 10852 BROOKHAVEN
City-St-Zip: N PORT RICHEY, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPASKA, PETER
Address: 8647 BRIDGEWATER DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP (X) Change () Addition
Name: AMARANDO, MICHAEL
Address: 9118 HUNT CLUB LN
City-St-Zip: PORT RICHEY, FL 34668

Title: S (X) Change () Addition
Name: SAMMELL, JOHN
Address: 7614 RADCLIFFE CIR #102B
City-St-Zip: PORT RICHEY, FL 34668

Title: T () Change (X) Addition
Name: RIVERIA, BENJAMIN
Address: 10026 LIVING WORD COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

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: PETER LOPASKA P 08/27/2004
Electronic Signature of Signing Officer or Director Date