2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001022

Entity Name: COLUMBIAN CLUB 10377, INC.

FILED Apr 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8014 STATE ROAD 52 HUDSON, FL 34667 **Current Mailing Address: New Mailing Address:** 8014 STATE ROAD 52 HUDSON, FL 34667 FEI Number: 59-3369370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NICOLAZZI, JOHN MULLEN, THOMAS J 13300 WOODWARD DR. 13300 WOODWARD DR. BAYONET POINT, FL 34667 US BAYONET POINT, FL 34667 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: THOMAS J. MULLEN 04/07/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MULLEN, THOMAS J Name: Name: 13300 WOODWARD DR. Address: Address: City-St-Zip: BAYONET PT., FL 34667 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DODD, ROBERT Name: Address: 8521 WINDING WOOD DR. Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: Title: () Delete Title: (X) Change () Addition GRABOWSKI, STEPHEN J Name: GRABOWSKI, STEPHEN J Name: 8209 VALLEY STREAM LANE 2813 SHIPSTON AVE Address: Address: City-St-Zip: BAYONET POINT, FL 34667 City-St-Zip: NEW PORT RICHEY, FL 34655 Title: () Delete Title: () Change () Addition STANELY, THOMAS E Name: Name: 13953 TENNYSON DR. Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: Title: () Delete Title: (X) Change () Addition MEZQUITA, MANUEL O'CONNOR, MICHAEL Name: Name: 8827 MEDEALIST COURT 8800 CADHAY DRIVE Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667 Title: () Delete Title: () Change () Addition SULLIVAN, THOMAS A Name: Name: Address: 13524 ALLYN DRIVE Address: HUDSON, FL 34667 City-St-Zip: City-St-Zip:

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: THOMAS J. MULLEN PRES 04/07/2004