

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13137

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC5756896617**

**Entity Name:** COLUMBIAN #1, INC.

**Current Principal Place of Business:**

5850 K OF C DRIVE  
PORT RICHEY, FL 34668

**Current Mailing Address:**

5850 K OF C DRIVE  
PORT RICHEY, FL 34668

**FEI Number:** 59-3059658

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DISTEFANO, URBANO  
7321 SAN SALVADOR DRIVE  
PORT RICHEY , FL 34668 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:** URBANO DISTEFANO

01/10/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name LIPORI, JOHN  
Address 9714 MARLINTON LN  
City-State-Zip: PORT RICHEY FL 34668

Title VP  
Name DI STEFANO, URBANO  
Address 7321 SAN SALVADOR DR  
City-State-Zip: PORT RICHEY FL 34668

Title SECRETARY  
Name KENNEDY, JOHN F  
Address P.O. BOX 433  
City-State-Zip: ELFERS FL 34680

Title DIRECTOR  
Name BIRMINGHAM, JOHN  
Address 13211 NORMAN CIRCLE  
City-State-Zip: HUDSON FL 34669

Title DIRECTOR  
Name DANIELLO, EUGENE  
Address 13553 GLAZE BROOK DRIVE  
City-State-Zip: HUDSON FL 34667

Title PRESIDENT  
Name HERRICK , ANNICE  
Address 15401 CARRIE LANE  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name GRAFFAGNINO , PETER S  
Address 12025 HUDSON RIDGE DR  
#106  
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR  
Name SALVAGNO, VINCENT C  
Address 7204 SEASHORE DR  
City-State-Zip: PORT RICHEY FL 34668

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN LIPORI

**TREASURER**

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BEIL , EUGENE L  
Address        10039 WORTHYLAMB WAY  
City-State-Zip: NEW PORT RICHEY FL 34654