

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18271

Entity Name: COLUMBIAN CLUB OF FLAGLER COUNTY, INC.**Current Principal Place of Business:**51 OLD KINGS ROAD, NORTH
PALM COAST, FL 32137**Current Mailing Address:**51 OLD KINGS RD, N
PALM COAST, FL 32137 US**FEI Number:** 59-3081983**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**APRIL, GLORIA J
101 GENTIAN RD.
ST-AUGUSTINE, FL 32086 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:** GLORIA J APRIL

01/20/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name APRIL, GEORGE ROCK
Address 51 OLD KINGS ROAD, NORTH
City-State-Zip: PALM COAST FL 32137

Title VP
Name HESTER, BARRY
Address 51 OLD KINGS RD NORTH
City-State-Zip: PALM COAST FL 32137

Title SECRETARY
Name APRIL, GLORIA J
Address 51 OLD KINGS ROAD, NORTH
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name DONES, JOSE
Address 51 OLD KINGS ROAD, NORTH
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name LARIMORE, DENNIS
Address 51 OLD KINGS ROAD, NORTH
City-State-Zip: PALM COAST FL 32137

Title TREASURER
Name ANNINOS, DEBRA
Address 51 OLD KINGS RD N
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name AFONSO, KAY
Address 51 OLD KINGS ROAD, NORTH
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name LARIMORE, MARY
Address 51 OLD KINGS ROAD, NORTH
City-State-Zip: PALM COAST FL 32137

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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: GLORIA APRIL**SECRETARY**

01/20/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FILIPPI, MARYANN
Address 51 OLD KINGS ROAD, NORTH
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name LEWIS, CATHY
Address 51 OLD KINGS ROAD, NORTH
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name TARDIF, PAULA
Address 51 OLD KINGS ROAD, NORTH
City-State-Zip: PALM COAST FL 32137