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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701021 (8)
1. Corporation Name
THE 100 CLUB OF GIBSONTON INC

Principal Place of Business Mailing Address
CORNER MARRILLA & INDIANA ST
PO BOX 344
GIBSONTON FL 33534

3. Date Incorporated or Qualified 05/30/1960
3a. Date of Last Report 03/08/1994
4. FEI Number NOT APPLICABLE
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21f Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LAWRY, EDWARD
6205 OHIO STR
GIBSONTON FL 33534

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE
Signature (typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	LIVINGSTON, MARION 100 40 LINDA STREET GIBSONTON, FL 33534	11 TITLE TREASURER - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME MARION LIVINGSTON	
STREET ADDRESS		13 STREET ADDRESS 100 40 LINDA STREET	
CITY - ST - ZIP		14 CITY - ST - ZIP GIBSONTON, FL 33534	
TITLE D	LAWRY, PHYLIS 6205 OHIO STREET GIBSONTON, FL 33534	21 TITLE PRESIDENT - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME PHYLIS LAWRY	
STREET ADDRESS		23 STREET ADDRESS 6205 OHIO ST.	
CITY - ST - ZIP		24 CITY - ST - ZIP GIBSONTON, FL. 33534	
TITLE V	FRANTZ, GEORGE 8801 BARCHIN CIR GIBSONTON FL	31 TITLE VP - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME ROBERT CORTELL	
STREET ADDRESS		33 STREET ADDRESS 8536 HONEYWELL RD. #5	
CITY - ST - ZIP		34 CITY - ST - ZIP GIBSONTON, FLORIDA 33534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	ARNOLD, BETTE 8023 GIBSONTON DRIVE GIBSONTON FL	41 TITLE VICE PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME LOUISE MEAD	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP RIVERVIEW, FL 33569	
TITLE S	MOODY, BARBARA 7320 NUNDY GIBSONTON FL	51 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME SANDRA RITCHIE	
STREET ADDRESS		53 STREET ADDRESS P.O. BOX 127 N/A	
CITY - ST - ZIP		54 CITY - ST - ZIP GIBSONTON, FLORIDA 33534-0127	<input type="checkbox"/> Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marian Livingston* MARION LIVINGSTON 1/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year