

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90076 032 ****61.25

DOCUMENT # 701021
1. Entity Name
THE 100 CLUB OF GIBSONTON INC



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

Corner marrilla + ind st *PO Box 344*

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. *Gibsonton, Florida* Suite, Apt. #, etc. *Gibsonton, Florida*
City & State *33534* City & State *33534*
Zip *Hills* Country *Hills* Zip *Hills* Country *Hills*



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REED, MARYLYN
12500 MCMULLEN LOOP
PO BOX 27
RIVERVIEW FL 33564**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marilyn Reed Marilyn Reed President* *1-26-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	WILLIAMS, JIM	<input type="checkbox"/> Delete
NAME		7521 GIBSONTON DR	
STREET ADDRESS		GIBSONTON FL 33534	
CITY-ST-ZIP			
TITLE	S	GRACE, BEA	<input type="checkbox"/> Delete
NAME		691 RIVERVIEW DR	
STREET ADDRESS		RIVERVIEW FL 33569	
CITY-ST-ZIP			
TITLE	D	FLASHBART, BETTY	<input type="checkbox"/> Delete
NAME		PO BOX 344	
STREET ADDRESS		GIBSONTON FL 33534	
CITY-ST-ZIP			
TITLE	T	TANNER, BETTY A	<input type="checkbox"/> Delete
NAME		PO BOX 1027	
STREET ADDRESS		GIBSONTON FL 33534	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty A Tanner Betty A TANNER* *1-26-04* *813-677-1612*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #