

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90049 008 ****61.25



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

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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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	<input type="checkbox"/> Delete
NAME	WILLIAMS, JIM	
STREET ADDRESS	7521 GIBSONTON DR	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRACE, BEA	
STREET ADDRESS	691 RIVERVIEW DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRIMANICO, JEAN	
STREET ADDRESS	8416 MAGNOLIA STREET	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	T	<input type="checkbox"/> Delete
NAME	TANNER, BETTY A	
STREET ADDRESS	PO BOX 1027	
CITY-ST-ZIP	GIBSONTON FL 33534	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Kelly	
STREET ADDRESS	2761 Oak Valley Cr	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammy Southwell	
STREET ADDRESS	552 Finador Pl	
CITY-ST-ZIP	Apollo Beach, FL 33572	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2/4/06 813-677-1612