NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 701021

(8)

| THE 100 CLUB OF GIBSONTON INC | | | | | | |
|---|--|-------------------------------------|----------------------------|--|--|--|
| Principal Place | of Business | Mailing Address | | A LOBERT TORRE TRANSPORT BROTTO TERMS OF | hi arênî dia je bidir ardil andil diaşî têdi | |
| CORNER MARRILLA & INDIANA ST CORNER MARRILLA & IND PO BOX 344 PO BOX 344 GIBSONTON FL 33534 GIBSONTON FL 33534 | | | | | | |
| | | | | 3. Date Incorporated or Qualified 05/30/1960 | 3a. Date of Last Report 04/17/1995 | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | NOT APPLICABLE | Not Applicable | |
| Suite, Apt. | <u> </u> | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | 27 | | | | Fee Hequired | |
| City & State | ├ ─┐ ' | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | |
| Ζιρ | Country | Zip | Country | 8. This corporation has liability for int | | |
| 24 | 25 9. Name and Address of Curre | 29 | 30] | | Yes X No | |
| | 9, Name and Address of Curre | nt negistereo Agent | 81 Name | 10. Name and Address of New Reg | Jistered Agent | |
| | | | | | | |
| LAWRY, EDWARD | | | 82 Street Ad | | | |
| 6205 OHIO STR | | | - | Eastwood Estate Mobile Home Park | | |
| GIBSONTON FL 33534 | | | | | | |
| | | | 84 City | A STATE OF THE STA | 85 Zip Code | |
| 44 5 | | 0 1017 1500 51 11 01 | | Glbsonton | FL 33534 | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. | | | | | | |
| A = A + A + A + A + A + A + A + A + A + | | | | | | |
| SIGNATURE Strature typed or printed the of fegistered agent and title if applicable (NOTE in | | | | | DATE | |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | | |
| THTLE | TD | DELETE | 1.1 TITLE | | Change 🔲 Addition | |
| NAME | LIVINGSTON, MARION | , | 1.2 NAME | • | | |
| STREET ADDRESS | 100 40 LINDA STREET | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | GIBSONTON, FL 00000 | | 1.4 CITY - ST - ZIP | | | |
| TITLE | PD | DELETE | 2 1 TITLE | PD | Change Addition | |
| NAME | LAWRY, PHYLIS | | 2.2 NAME | Beverly Kinch | | |
| STREET ADDRESS | 6205 OHIO STREET | | 2 3 STREET ADDRESS | Eastwood Estates Mobil | le Home Park | |
| C+TY - ST - ZiP | GIBSONTON, FL 00000 | | 2 4 CITY - ST - ZIP | Gibsonton, Fla. 33534 | | |
| TITLE | VPD | ☐ DELETE | 3.1 THTLE | VPD | 🔀 Change 🔲 Addition | |
| NAMÉ | CORTTELL, ROBERT | | 3.2 NAME | Bette Arnold | | |
| STREET ADDRESS | 8536 HONEYWELL RD. #5 | | 3.3 STREET ADDRESS | Gibsonton, Fla. 33534 | | |
| CITY - ST - ZIP | GIBSONTON FL | | 3 4 CITY-ST-ZIP | • | | |
| TITLE | VPD | DELETE | 4.1 TITLE | VPD | Change Addition | |
| NAME | MEAD, LOUISE | | 4. 2 NAME | George Frantz | | |
| STREET ADDRESS | 8023 GIBSONTON DRIVE | | 4.3 STREET ADDRESS | 8801 Barcin Circle | | |
| C/TY-ST-7/P | RIVERVIEW FL 33569 | | 4.4 CITY - ST - ZIP | Gibsonton, Fla. 33534 | <u></u> | |
| TITLE | \$ | DELETE | 5.1 TITLE | S | 🔀 Change 🔲 Addition | |
| NAME | RITCHIE, SANDRA | | 5.2 NAME | Gloria Pitzer | | |
| STREET ADDRESS | P.O. BOX 127 | | 5.3 STREET ADDRESS | Eastwood Estates Mob: | | |
| CITY-ST-ZIP | GIBSONTON FL 33534 | | 54 CITY-ST-ZIP | Gibsonton, Fla. 33534 | 4 | |
| TITLE | | DELETE | 61 TITLE | | Change Addition | |
| NAME | | | 6 2 NAMÉ | | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | | |
| C·TY-ST-7/P | | | 6.4 CITY-ST-ZIP | | | |
| 14. I do hereb | by certify that the information supplied the information indicated on this app | with this filing is voluntarily fur | mished and does not qualif | y for the exemption stated in Section 119.07 urate and that my signature shall have the sa | (3)(k), Florida Statutes, I further | |
| oath; that | I am an officer or director of the corport Block 12 or Block 13 if changed, or | oration or the receiver or trust | ee empowered to execute | this report as required by Chapter 617, Flori | da Statutes; and that my name | |

Levery 17. Kinah 1/3/94 9519