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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
CORNER MARRILLA & INDIANA ST
PO BOX 344
GIBSONTON FL 33534-0344

3. Date Incorporated or Qualified 05/30/1960
3a. Date of Last Report 02/06/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWRY, EDWARD
6205 OHIO STR
GIBSONTON FL 33534

81 Name MARILYN REED
82 Street Address (P.O. Box Number is Not Acceptable) 6007 ALICE ST. AVE.
83
84 City GIBSONTON FL 85 Zip Code 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.

SIGNATURE: *Marilyn Reed* MARILYN REED 2-5-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME LIVINGSTON, MARION
STREET ADDRESS 100 40 LINDA STREET
CITY-ST-ZIP GIBSONTON, FL 00000

1.1 TITLE PD
1.2 NAME MARION REED
1.3 STREET ADDRESS P.O. BOX 344
1.4 CITY-ST-ZIP GIBSONTON, FLA. 33534

TITLE PD
NAME KINCH, BEVERLY
STREET ADDRESS EASTWOOD ESTATES MOBILE HOME PARK
CITY-ST-ZIP GIBSONTON, FL 00000 NA

2.1 TITLE GPD
2.2 NAME BETTE ARNOLD
2.3 STREET ADDRESS P.O. Box 652
2.4 CITY-ST-ZIP GIBSONTON, FLA. 33534 NA

TITLE VPD
NAME ARNOLD, BETTE
STREET ADDRESS 6205 OHIO ST.
CITY-ST-ZIP GIBSONTON FL

3.1 TITLE UPD
3.2 NAME BARBARA MOODY
3.3 STREET ADDRESS P.O. Box 485
3.4 CITY-ST-ZIP GIBSONTON, FL. 33534 7320 NUNDY AVE

TITLE VPD
NAME FRANTZ, GEOERGE
STREET ADDRESS 8801 BARCIN CIRCLE
CITY-ST-ZIP GIBSONTON FL

4.1 TITLE S
4.2 NAME JOYCE PILEY
4.3 STREET ADDRESS P.O. Box 368A
4.4 CITY-ST-ZIP RIVERVIEW, FLA. 33569 NA

TITLE S
NAME PITZER, GLORIA
STREET ADDRESS EASTWOOD EASTETAES MOBILE HOME PSRK
CITY-ST-ZIP GIBSONTON FL NA

5.1 TITLE TD
5.2 NAME LOUISE SMITH
5.3 STREET ADDRESS P.O. Box 387-6302 OHIO ST
5.4 CITY-ST-ZIP GIBSONTON, FLA. 33534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn Reed* (Pres)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)