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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701021 (8)
 1. Corporation Name
THE 100 CLUB OF GIBSONTON INC

Principal Place of Business CORNER MARRILLA & INDIANA ST PO BOX 344 GIBSONTON FL 33534	Mailing Address CORNER MARRILLA & INDIANA ST PO BOX 344 GIBSONTON FL 33534
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3. Date Incorporated or Qualified
05/30/1960

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

~~LAWRY, EDWARD~~
~~6205 OHIO ST~~
~~GIBSONTON FL 33534~~

REED, MARION W.
 6007 Alice Ave.
 Gibsonton, FL 33534

10. Name and Address of New Registered Agent

81 Name **Reed, MARION W.**

82 Street Address (P.O. Box Number is Not Acceptable)
6007 Alice 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 **Marion W Reed** *Marion W Reed* DATE **Jan 12 1998**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, MARION	
STREET ADDRESS	100 40 LINDA STREET	
CITY-ST-ZIP	GIBSONTON, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KINCH, BEVERLY	
STREET ADDRESS	EASTWOOD ESTATES MOBILE HOME PARK	
CITY-ST-ZIP	GIBSONTON, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ARNOLD, BETTE	
STREET ADDRESS	6205 OHIO ST.	
CITY-ST-ZIP	GIBSONTON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FRANTZ, GEOERGE	
STREET ADDRESS	8801 BARCIN CIRCLE	
CITY-ST-ZIP	GIBSONTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PITZER, GLORIA	
STREET ADDRESS	EASTWOOD EASTETAES MOBILE HOME PSRK	
CITY-ST-ZIP	GIBSONTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOODY, BARBARA	
1.3 STREET ADDRESS	7320 Nundy Ave.	
1.4 CITY-ST-ZIP	Gibsonton, FL. 33534	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	PD	
2.2 NAME	REED, MARION W.	
2.3 STREET ADDRESS	6007 Alice Ave.	
2.4 CITY-ST-ZIP	Gibsonton, FL. 33534	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RILEY, JAMES F.	
3.3 STREET ADDRESS	12130 U.S. 41, S., Lot 167	
3.4 CITY-ST-ZIP	Gibsonton, FL 33534	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	VPD	
4.2 NAME	REGISTER, RUTH	
4.3 STREET ADDRESS	7713 Riverview Dr.	
4.4 CITY-ST-ZIP	Riverview, FL. 33569	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	S	
5.2 NAME	KELLY, BETTY	
5.3 STREET ADDRESS	2761 OAKHILL VILLAGE CIRCLE	
5.4 CITY-ST-ZIP	VALRICO, FL 33594	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: **Betty Kelly, Sec.** SIGNATURE REQUIRED **Betty Kelly, Sec. JAN 12 1998 1-813-661-3090**

CR2E037 (10/97)