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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701021

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/30/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

REED MARION W
6007 ALICE AVE
GIBSONTON FL 33534

10. Name and Address of New Registered Agent

81 Name **BETTE ARNOLD**

82 Street Address (P.O. Box Number is Not Acceptable)
777 RIVERVIEW DRIVE,

83

84 City **RIVERVIEW** 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 *Bette Arnold* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIVINGSTON, MARION 100 40 LINDA STREET GIBSONTON, FL 00000 <input checked="" type="checkbox"/> DELETE	1.1 TITLE V.P. 1.2 NAME PAULINE GETGOOD 1.3 STREET ADDRESS 8008 NUNDY AVE., 1.4 CITY-ST-ZIP GIBSONTON, FL. 33534 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINCH, BEVERLY EASTWOOD ESTATES MOBILE HOME PARK GIBSONTON, FL 00000 <input checked="" type="checkbox"/> DELETE	2.1 TITLE ST. V. 2.2 NAME GLORIA FORNIER, 2.3 STREET ADDRESS EASTWOOD ESTATES MOBILE HOME PK., 2.4 CITY-ST-ZIP GIBSONTON, FL. 33534 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARNOLD, BETTE 6205 OHIO ST. GIBSONTON FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE SEC. 3.2 NAME BETTY KELLY, 3.3 STREET ADDRESS 2761 OAKHILL VILLAGE CIRCLE, 3.4 CITY-ST-ZIP VALRICO, FL. 33594 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANTZ, GEOERGE 8801 BARCIN CIRCLE GIBSONTON FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE DIR. 4.2 NAME MARION REED. 4.3 STREET ADDRESS 6007 ALICE AVE. 4.4 CITY-ST-ZIP GIBSONTON, FL. 33534 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PITZER, GLORIA EASTWOOD EASTETAES MOBILE HOME PSRK GIBSONTON FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE DIR. 5.2 NAME BEVERLY KINCH, 5.3 STREET ADDRESS EASTWOOD MOBILE HOME PK., 5.4 CITY-ST-ZIP GIBSONTON, FL. #### <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOODY, BARBARA 7320 NUNDY AVE GIBSONTON FL 33534 <input checked="" type="checkbox"/> DELETE	6.1 TITLE TREAS. 6.2 NAME BARBARA MOODY, 6.3 STREET ADDRESS 7320 NUNDY AVE., 6.4 CITY-ST-ZIP GIBSONTON, FL. 33534 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Barbara Moody* 2-13-99 813-677-1477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)