

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010241

FILED
Apr 26, 2006
Secretary of State

Entity Name: THE 100 CLUB OF GULF COUNTY, INC.

Current Principal Place of Business:

2624 INDIAN PASS RD.
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

2624 INDIAN PASS RD.
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 20-3504682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTIN, CHARLES A
413 WILLIAMS AVE.
PORT ST. JOE, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BURGHER, PETER
Address: 2624 INDIAN PASS RD.
City-St-Zip: PORT ST. JOE, FL 32456

Title: DT () Delete
Name: ROBERSON, RALPH
Address: 214 7TH ST.
City-St-Zip: PORT ST. JOE, FL 32456

Title: DO () Delete
Name: LEONARD, MIKE
Address: 418 CECIL G. COSTIN, SR. BLVD
City-St-Zip: PORT ST. JOE, FL 32456

Title: DC () Delete
Name: BARNES, JERRY
Address: 1606 MARVIE AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: DS () Delete
Name: COLBERT, KESLEY
Address: 1000 CECIL G. COSTIN SR. BLVD
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: RAMSEY, WILLIE
Address: 209 REID AVE.
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER BURGHER

DC

04/26/2006

Electronic Signature of Signing Officer or Director

Date