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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 25 29 30

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
LAWRY, EDWARD
6205 OHIO STR
GIBSONTON FL 33534

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	MARION REED		
1.3 STREET ADDRESS	P.O. BOX 344		
1.4 CITY-ST-ZIP	GIBSONTON, FLA. 33534		
2.1 TITLE	GPB	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	BETTE ARNOLD		
2.3 STREET ADDRESS	P.O. Box 652		
2.4 CITY-ST-ZIP	GIBSONTON, FLA. 33534 NA		
3.1 TITLE	UPD	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	BARBARA MOODY		
3.3 STREET ADDRESS	P.O. Box 485		
3.4 CITY-ST-ZIP	GIBSONTON, FL. 33534 7320 NUNDY AVE		
4.1 TITLE	S	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	JOYCE PILEY		
4.3 STREET ADDRESS	P.O. Box 368A		
4.4 CITY-ST-ZIP	RIVERVIEW, FLA. 33569 NA		
5.1 TITLE	TD	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	LOUISE SMITH		
5.3 STREET ADDRESS	P.O. Box 387-6302 OHIO ST		
5.4 CITY-ST-ZIP	GIBSONTON, FLA. 33534		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)