

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719526 (6)
1. Corporation Name
THE HUNDRED CLUB OF INDIAN RIVER COUNTY, INC.



Principal Place of Business 660 BEACHLAND BLVD. VERO BEACH FL 32961	Mailing Address P.O. BOX 5185 VERO BEACH FL 32961-5185
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3. Date Incorporated or Qualified 10/16/1970	3a. Date of Last Report 01/13/1997
4. FEI Number 23-7170193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LLOYD, ROBIN A
660 BEACHLAND BLVD
SUITE 201
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STURGIS, JACK A
STREET ADDRESS	695 33RD AVE
CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	STORK, BOB
STREET ADDRESS	P.O. BOX 6670 NA
CITY-ST-ZIP	VERO BEACH FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	RICHEY, DAN
STREET ADDRESS	P.O. BOX 1148 N/A
CITY-ST-ZIP	VERO BEACH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MILWOOD, DAVID
STREET ADDRESS	4920 13TH LANE
CITY-ST-ZIP	VERO BEACH FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	NICHOLSON, LINDA L
STREET ADDRESS	1407 20TH ST.
CITY-ST-ZIP	VERO BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HENDRIX, KENNON C
STREET ADDRESS	P.O. BOX 520 N/A
CITY-ST-ZIP	VERO BEACH FL 32961-0520

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TREASURER-DIR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANK HOOVER
1.3 STREET ADDRESS	4400 16th Street
1.4 CITY-ST-ZIP	VERO BEACH FL 32966
2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANA HOWARD
2.3 STREET ADDRESS	1709 21st Street
2.4 CITY-ST-ZIP	VERO BEACH FL 32960
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Post
3.3 STREET ADDRESS	15 Cache Cay Dr
3.4 CITY-ST-ZIP	VERO BEACH FL 32963
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E037 (9/96)