

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 719526

1. Corporation Name
THE HUNDRED CLUB OF INDIAN RIVER COUNTY, INC.

121061 90019 44

Principal Place of Business: 660 BEACHLAND BLVD. VERO BEACH FL 32961
 Mailing Address: P.O. BOX 5185 VERO BEACH FL 32961-5185



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/16/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7170193	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		-\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		-\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LLOYD, ROBIN A 660 BEACHLAND BLVD SUITE 201 VERO BEACH FL 32963				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	<input type="checkbox"/> DELETE	1.1 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, FRANK		1.2 NAME		
STREET ADDRESS	4400 16TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, DANA		2.2 NAME	Chester Clem	
STREET ADDRESS	1709 21ST ST.		2.3 STREET ADDRESS	3333 20th Street	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, RICHARD		3.2 NAME		
STREET ADDRESS	15 CACHE CAY DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLSON, LINDA L		4.2 NAME	Scott Lambeth	
STREET ADDRESS	346 21ST AVENUE		4.3 STREET ADDRESS	P.O. Box 2488	
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, KENNON C		5.2 NAME		
STREET ADDRESS	P.O. BOX 520 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *Frank Hoover* FRANK HOOVER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: Hoover-1-20-99
 Daytime Phone #: 561-567-0001

CR2E037 (11/98)