


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90220 042 \*\*\*\*61.25

|   |                      |  |   |   |  |
|---|----------------------|--|---|---|--|
| <b>DOCUMENT # 719526</b>  |                      |  |   |  |  |
| 1. Entity Name<br><b>THE HUNDRED CLUB OF INDIAN RIVER COUNTY, INC.</b>  |                      |  |   |   |  |
| Principal Place of Business<br>1131 7TH AVE.<br>VERO BEACH, FL 32960  |                      |  | Mailing Address<br>PO BOX 1183<br>VERO BEACH, FL 32961-1183 |   |  |
| 2. Principal Place of Business  |                      |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                      |  | Suite, Apt. #, etc.   |   |  |
| City & State  |                      |  | City & State  |   |  |
| Zip   |                      | Country  | Zip   |   | Country  |
| 6. Name and Address of Current Registered Agent   |                      |  |   | 7. Name and Address of New Registered Agent                                       |  |
| <b>LLOYD, ROBIN A</b><br><b>3545 OCEAN DRIVE</b><br><b>VERO BEACH, FL 32963</b>   |                      |  |   | Name  |  |
|   |                      |  |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|   |                      |  |   | City  |  |
|   |                      |  |   | FL  | Zip Code   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |                      |  |   |   |  |
| SIGNATURE: _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                      |  |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>   |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  | <b>Make check payable to Florida Department of State</b>                     |
| 10. OFFICERS AND DIRECTORS  |                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       |   |  |
| TITLE   | VP                   | <input type="checkbox"/> Delete  | TITLE   | PRESIDENT   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | DAVIS, JAMES         |  | NAME  |   |  |
| STREET ADDRESS  | 4220 4TH PL          |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | VERO BEACH, FL 32968 |  | CITY-ST-ZIP   |   |  |
| TITLE   | D                    | <input checked="" type="checkbox"/> Delete                                       | TITLE   | JOSEPH BEINHOWER  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | PERRY, TED           |  | NAME  | 1350 39TH AVE.  |  |
| STREET ADDRESS  | 3755 7TH TERR.       |  | STREET ADDRESS  | VERO BEACH, FL 32968  |  |
| CITY-ST-ZIP   | VERO BEACH, FL 32960 |  | CITY-ST-ZIP   |   |  |
| TITLE   | P                    | <input type="checkbox"/> Delete  | TITLE   | DIRECTOR  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MCCALL, RONALD R     |  | NAME  |   |  |
| STREET ADDRESS  | 669 LAKE DR.         |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | VERO BEACH, FL 32963 |  | CITY-ST-ZIP   |   |  |
| TITLE   | T                    | <input type="checkbox"/> Delete  | TITLE   | VICE PRESIDENT  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | COLLINS, PAT         |  | NAME  |   |  |
| STREET ADDRESS  | 4875 13TH PL         |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | VERO BEACH, FL 32960 |  | CITY-ST-ZIP   |   |  |
| TITLE   | S                    | <input type="checkbox"/> Delete  | TITLE   | DIRECTOR  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | DERMODY, JOSEPH      |  | NAME  |   |  |
| STREET ADDRESS  | 2000 35TH AVENUE     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | VERO BEACH, FL 32960 |  | CITY-ST-ZIP   |   |  |
| TITLE   |                      | <input type="checkbox"/> Delete  | TITLE   | TREASURER   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |                      |  | NAME  | CLAY PRICE  |  |
| STREET ADDRESS  |                      |  | STREET ADDRESS  | 5070 AIA, STE. 250  |  |
| CITY-ST-ZIP   |                      |  | CITY-ST-ZIP   | VERO BEACH, FL 32963  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                      |  |   |   |  |
| SIGNATURE: _____  |                      |  | 4/3/06  |   | 772-562-1469   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                      |  | <small>Date</small>   |   | <small>Daytime Phone #</small>   |