
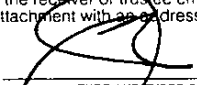


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90859 010 ****61.25

DOCUMENT # 719526			
1. Entity Name THE HUNDRED CLUB OF INDIAN RIVER COUNTY, INC.			
Principal Place of Business 1131 7TH AVE. VERO BEACH, FL 32960		Mailing Address PO BOX 1183 VERO BEACH, FL 32961-1183	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04172007	Chg-NP CR2E037 (12/06)
		4. FEI Number 23-7170193	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LLOYD, ROBIN A 3545 OCEAN DRIVE VERO BEACH, FL 32963		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	PAST 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	
NAME	MCCALL, RONALD R	NAME	
STREET ADDRESS	669 LAKE DR.	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	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	D <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DERMODY, JOSEPH	NAME	CALVIN REAMS
STREET ADDRESS	2000 35TH AVENUE	STREET ADDRESS	13600 HWY #1
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	T <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, CLAY	NAME	
STREET ADDRESS	5070 AIA SUTIE 250	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JOSEPH BEINHOWER
STREET ADDRESS		STREET ADDRESS	1350 39TH AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL 32960
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Joseph BEINHOWER,		4-26-07 772-299-6217	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	