

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744279

Entity Name: THE 3905 CENTURY CLUB, INC.**Current Principal Place of Business:**3596 KAREN AVE S.
SALEM, OR 97302**Current Mailing Address:**3596 KAREN AVE S.
SALEM, OR 97302 US**FEI Number:** 59-2144778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, JAMES M
10144 SEAGRAPE WAY
PALM BEACH GARDENS, FL 33418 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SUMMERS, PETER
Address 72 CEDAR GROVE RD
City-State-Zip: LITTLE FALLS NJ 07424

Title DIRECTOR
Name JOHNSON, ERIC
Address PO BOX 657
City-State-Zip: SAINT FRANCIS MN 53402

Title TREASURER
Name SLAGLE, GARY W
Address 819 WILD ORCHARD LANE
City-State-Zip: WOODRUGG SC 29388

Title DIRECTOR
Name MITCHELL, RALPH A
Address 59359 LAKESHORE DRIVE
City-State-Zip: COLON MI 49040

Title DIRECTOR
Name SLAGLE, GARY
Address 819 WILD ORCHARD LN
City-State-Zip: WOODRUFF SC 29388

Title PRESIDENT
Name DAVIS, DEAN W
Address 3596 KAREN AVE S.
City-State-Zip: SALEM OR 97302

Title AUTHORIZED REPRESENTATIVE
Name GILLIAM, KATHLEEN R
Address 12 TREE HAVEN LN
City-State-Zip: STAFFORD VA 22556

Title DIRECTOR
Name HAYES, KEON
Address 5949 WESTERN RUN DRIVE
B
City-State-Zip: BALTIMORE MD 21209

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN R. GILLIAM**SECRETARY****04/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MAYROSE, CLAY
Address PO BOX 30775
City-State-Zip: EDMOND OK 73003

Title DIRECTOR
Name MILLER, JOE
Address 2027 SEVEN HILLS DR.
City-State-Zip: HEMET CA 92545

Title DIRECTOR
Name MCLOUGHLIN, CRAIG
Address 2273 SAMUEL DR
City-State-Zip: OTTAWA K1G 3C3

Title AUTHORIZED REPRESENTATIVE
Name GOLDFARB, BEN
Address 124 WOODMILL RD
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name SEESE, RON
Address 21211 SUNWEST AVE
City-State-Zip: MEDICAL LAKE WA 99022-9690

Title DIRECTOR
Name CALLEWAERT, ROGER
Address 4840 N. MAIN ST.
City-State-Zip: RACINE WI 53402-2584

Title DIRECTOR
Name BATES, THOMAS
Address 459 PROVINCE RD
City-State-Zip: LACONIA NH 03246

Title VP
Name FRAZIER, KIRK
Address 24 HOMEWOOD PL
City-State-Zip: HATTIESBURG MS 39402