FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **701021** **(8)**

1. Corporation Name

THE 100 CLUB OF GIBSONTON INC

Principal Place of Business	Mailing Address
CORNER MARRILLA & INDIANA ST PO BOX 344 GIBSONTON FL 33534	CORNER MARRILLA & INDIANA ST PO BOX 344 GIBSONTON FL 33534

3. Date Incorporated or Qualified: 05/30/1960
3a. Date of Last Report: 03/06/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	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

LAWRY, EDWARD
6205 OHIO STR
GIBSONTON FL 33534

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	TREASURER -D	☐ Change ☒ Addition
NAME	LIVINGSTON, MARION	12 NAME	MARION LIVINGSTON	
STREET ADDRESS	100 40 LINDA STREET	13 STREET ADDRESS	100 40 LINDA STREET	
CITY-ST-ZIP	GIBSONTON, FL 00000 33534	14 CITY-ST-ZIP	GIBSONTON, FL 33534	
TITLE	D	21 TITLE	PRESIDENT -D	☐ Change ☒ Addition
NAME	LAWRY, PHYLIS	22 NAME	PHYLIS LAWRY	
STREET ADDRESS	6205 OHIO STREET	23 STREET ADDRESS	6205 OHIO ST.	
CITY-ST-ZIP	GIBSONTON, FL 00000 33534	24 CITY-ST-ZIP	GIBSONTON, FL. 33534	
TITLE	V	31 TITLE	VP D	☒ Change ☐ Addition
NAME	FRANTZ, GEORGE	32 NAME	ROBERT CORTTELL	
STREET ADDRESS	8801 BARCIN CIR	33 STREET ADDRESS	8536 HONEYWELL RD. #5	
CITY-ST-ZIP	GIBSONTON FL	34 CITY-ST-ZIP	GIBSONTON, FLORIDA 33534	
TITLE	D	41 TITLE	VICE PRESIDENT -D	☒ Change ☐ Addition
NAME	ARNOLD, BETTE	42 NAME	LOUISE MEAD	
STREET ADDRESS	8023 GIBSONTON DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	GIBSONTON FL	44 CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	MOODY, BARBARA	52 NAME	SANDRA RITCHIE	
STREET ADDRESS	7320 NUNDY	53 STREET ADDRESS	P.O. BOX 127 N/A	
CITY-ST-ZIP	GIBSONTON FL	54 CITY-ST-ZIP	GIBSONTON, FLORIDA 33534-0127	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

4/17/95 MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Marion Livingston MARION LIVINGSTON 1/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001144