

FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701021** (8)

1. Corporation Name

THE 100 CLUB OF GIBSONTON INC



Principal Place of Business CORNER MARRILLA & INDIANA ST PO BOX 344 GIBSONTON FL 33534	Mailing Address CORNER MARRILLA & INDIANA ST PO BOX 344 GIBSONTON FL 33534
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3. Date Incorporated or Qualified <b>05/30/1960</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LAWRY, EDWARD</b> <b>6005 OHIO ST</b> <b>GIBSONTON FL 33534</b>		2a. Mailing Address <b>REED, MARION W.</b> <b>6007 Alice Ave.</b> <b>Gibsonton, FL 33534</b>	
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10. Name and Address of New Registered Agent 81 Name <b>Reed, MARION W.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6007 Alice Ave.</b> 83 City <b>GIBSONTON</b> FL 85 Zip Code <b>33534</b>	
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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 <b>Marion W Reed</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>Jan. 12, 1998</b>	
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12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIVINGSTON, MARION 100 40 LINDA STREET GIBSONTON, FL 00000 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINCH, BEVERLY EASTWOOD ESTATES MOBILE HOME PARK GIBSONTON, FL 00000 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARNOLD, BETTE 6205 OHIO ST. GIBSONTON FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANTZ, GEOERGE 8801 BARCIN CIRCLE GIBSONTON FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PITZER, GLORIA EASTWOOD EASTETAES MOBILE HOME PSRK GIBSONTON FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD MOODY, BARBARA 7320 Nundy Ave. Gibsonton, FL. 33534 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD REED, MARION W. 6007 Alice Ave. Gibsonton, FL. 33534 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VPD RILEY, JAMES F. 12130 U.S. 41, S., Lot 167 Gibsonton, FL 33534 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VPD REGISTER, RUTH 7713 Riverview Dr. Riverview, FL. 33569 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S KELLY, BETTY 2761 OAKHILL VILLAGE CIRCLE VALRICO, FL 33594 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. <b>Betty Kelly, Sec.</b>	
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SIGNATURE:

SIGNATURE REQUIRED **Betty Kelly, Sec. JAN 12 1998 1-813-661-3090**

CR2E037 (10/97)