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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90230 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 701021</b>					
1. Corporation Name <b>THE 100 CLUB OF GIBSONTON INC</b>					
Principal Place of Business <b>CORNER MARRILLA &amp; INDIANA ST          PO BOX 344          GIBSONTON FL 33534</b>			Mailing Address <b>CORNER MARRILLA &amp; INDIANA ST          PO BOX 344          GIBSONTON FL 33534</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/30/1960</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>REED MARION W          6007 ALICE AVE          GIBSONTON FL 33534</b>				81 Name	<b>BETTE ARNOLD</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>7775 RIVERVIEW DRIVE,</b>		
				83			
				84 City, RIVERVIEW	FL	85 Zip Code	<b>33534</b>

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 Bette Arnold (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, MARION		1.2 NAME	PAULINE GETGOOD	
STREET ADDRESS	100 40 LINDA STREET		1.3 STREET ADDRESS	8008 NUNDY AVE.,	
CITY-ST-ZIP	GIBSONTON, FL 00000		1.4 CITY-ST-ZIP	GIBSONTON, FL. 33534	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	ST. V.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINCH, BEVERLY		2.2 NAME	GLORIA FORNIER,	
STREET ADDRESS	EASTWOOD ESTATES MOBILE HOME PARK		2.3 STREET ADDRESS	EASTWOOD ESTATES MOBILE HOME PK.	
CITY-ST-ZIP	GIBSONTON, FL 00000		2.4 CITY-ST-ZIP	GIBSONTON, FL. 33534	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SEC.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, BETTE		3.2 NAME	BETTY KELLY,	
STREET ADDRESS	6205 OHIO ST.		3.3 STREET ADDRESS	2761 OAKHILL VILLAGE CIRCLE,	
CITY-ST-ZIP	GIBSONTON FL		3.4 CITY-ST-ZIP	VALRICO, FL. 33594	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANTZ, GEOERGE		4.2 NAME	MARION REED.	
STREET ADDRESS	8801 BARCIN CIRCLE		4.3 STREET ADDRESS	6007 ALICE AVE.	
CITY-ST-ZIP	GIBSONTON FL		4.4 CITY-ST-ZIP	GIBSONTON, FL. 33534	
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITZER, GLORIA		5.2 NAME	BEVERLY KINCH,	
STREET ADDRESS	EASTWOOD EASTETAES MOBILE HOME PSRK		5.3 STREET ADDRESS	EASTWOOD MOBILE HOME PK.	
CITY-ST-ZIP	GIBSONTON FL		5.4 CITY-ST-ZIP	GIBSONTON, FL. ####	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	TREAS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, BARBARA		6.2 NAME	BARBARA MOODY,	
STREET ADDRESS	7320 NUNDY AVE		6.3 STREET ADDRESS	7320 NUNDY AVE.,	
CITY-ST-ZIP	GIBSONTON FL 33534		6.4 CITY-ST-ZIP	GIBSONTON, FL. 33534	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Barbara Moody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

2-13-99

813-677-1477