## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 16, 2006 8:00 am **Secretary of State DOCUMENT # 701021** 1. Entity Name 02-16-2006 90049 008 \*\*\*\*61.25 THE 100 CLUB OF GIBSONTON INC Principal Place of Business Mailing Address PO BOX 344 **CORNER MARILLA & IND ST** GIBSONTON FL 33534 GIBSONTON FL 33534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REED, MARYLYN Street Address (P.O. Box Number is Not Acceptable) 12500 MCMULLEN LOOP PO BOX 27 RIVERVIEW FL 33564 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE Change Betty Kellynnley Cr WILLIAMS, JIM . NAME NAME 7521 GIBSONTON DR STREET ADDRESS STREET ADDRESS WALRICO, FT 33594 GIBSONTON FL 33534 CITY-ST-ZIP CITY-ST-ZIP V.P. Addition ☐ Delete TITLE ☐ Change TITLE South Wall GRACE, BEA NAME NAME THIMMY SOUTHWEIT 691 RIVERVIEW DR STREET ADDRESS STREET ADDRESS Bench FI CITY-ST-ZIP RIVERVIEW FL 33569 CITY-ST-7IP TITLE □ <u>Pelete</u> TITLE NAME TRIMANICO, JEAN NAME STREET ADDRESS STREET ADDRESS 8416 MAGNOLIA STREET City-St-7/P GIBSONTON FL 33534 CITY-ST-7IP ☐ Addition TITLE ☐ Delete ☐ Change TANNER, BETTY A NAME NAME STREET ADDRESS PO BOX 1027 STREET ADDRESS CITY-ST-ZIP GIBSONTON FL 33534 CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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CITY-ST-ZIP

SIGNATURE: Betty A [ANNOR BAL a Lanne 2/4/06 813.677.1612