

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766816 (3)
1. Corporation Name
THE HUNDRED CLUB OF THE PALM BEACHES, INC.



Principal Place of Business

**4545 SOUTHERN BLVD.
WEST PALM BEACH FL 33415**

Mailing Address

**4545 SOUTHERN BLVD.
WEST PALM BEACH FL 33415**

3. Date Incorporated or Qualified
02/02/1983

3a. Date of Last Report
03/24/1995

2. Principal Place of Business
21 **3037 HAVERHILL ROAD**
Suite, Apt. #, etc.

2a. Mailing Address
26 **3037 HAVERHILL ROAD**
Suite, Apt. #, etc.

4. FEI Number
59-2261789

Applied For
Not Applicable

22 City & State
23 **WEST PALM BEACH, FL**
Zip Country

27 City & State
28 **WEST PALM BEACH, FL**
Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33417-2849** 25 **PALM BEACH** 29 **33417-2849** 30 **PALM BEACH**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HIGGINS, RAY
4545 SOUTHERN BLVD.
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

81 Name
HIGGINS, RAY (SAME)
82 Street Address (P.O. Box Number is Not Acceptable)
3037 HAVERHILL ROAD
WEST PALM BEACH,
84 City
FL 85 Zip Code
33417-2849

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HIGGINS, RAY	
STREET ADDRESS	3037 HAVERHILL ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	☐ DELETE
NAME	MILLER, JAMES F.	
STREET ADDRESS	425 PLANT TERRACE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	STD	☐ DELETE
NAME	HIGGINS, KATHLEEN	
STREET ADDRESS	3037 HAVERHILL ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	JAMES, WILLIAM G	
STREET ADDRESS	4939 PINE TERRACE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	☐ DELETE
NAME	HALL, WILLIAM J.	
STREET ADDRESS	1051 GRAND BAHAMA LANE	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 19, 1996

Date

(407) 684-6400

Daytime Phone #

CR2E037 (12/95)