

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PH 2: 20

DOCUMENT # 767118 (3)
1. Corporation Name
CENTURIAN CLUB, INC.

Principal Place of Business Mailing Address
6523 MANHATTAN DR JACKSONVILLE FL 32219 US
6523 MANHATTAN DRIVE JACKSONVILLE FL 32219 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
02/22/1983 03/10/1994
4. FEI Number Applied For
59-2364045 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

9. Name and Address of Current Registered Agent
MOORE, ALFRED
6523 MANHATTAN DRIVE
JACKSONVILLE FL 32219

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 *Alfred Moore* DATE *MARCH 18, 1995*

12. OFFICERS AND DIRECTORS
TITLE DP
NAME ELPs, CLAUDETTE
STREET ADDRESS 2237 SUNNY ACRES DRIVE, EAST
CITY - ST - ZIP JACKSONVILLE FL
TITLE VD
NAME REED, ROSEMARY
STREET ADDRESS 6958 CAMPLAIN RD.
CITY - ST - ZIP JACKSONVILLE FL
TITLE DS
NAME TROTTER, LUCILLE
STREET ADDRESS 6513 MANHATTAN DRIVE
CITY - ST - ZIP JACKSONVILLE FL
TITLE DT
NAME HARRISON, RUDOLPH
STREET ADDRESS 3105 CLYDE DRIVE
CITY - ST - ZIP JACKSONVILLE FL
TITLE FSD
NAME MIKEL, MARVA
STREET ADDRESS 6443 MANHATTAN DR.
CITY - ST - ZIP JACKSONVILLE FL
TITLE MD
NAME MIKEL, WILLIE JR.(BUS)
STREET ADDRESS 6443 MANHATTAN DR
CITY - ST - ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE DP Change Addition
1.2 NAME Brown, Harley
1.3 STREET ADDRESS 4927 Rochdale Road
1.4 CITY - ST - ZIP Jacksonville, FL 32219
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE DS Change Addition
3.2 NAME Moore, Vivian
3.3 STREET ADDRESS 6523 Manhattan Dr.
3.4 CITY - ST - ZIP Jacksonville, FL 32219
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE FSD Change Addition
5.2 NAME Barton, Esther
5.3 STREET ADDRESS 6618 Manhattan Dr.
5.4 CITY - ST - ZIP Jacksonville, FL 32219
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Harley L. Brown* DATE *18 March 1995*
HARLEY L. BROWN (904) 765 3878