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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 6523 MANHATTAN DR JACKSONVILLE FL 32219 US
Mailing Address: P.O. BOX 8335 JACKSONVILLE FL 32208-0335 US

3. Date Incorporated or Qualified: 02/22/1983
3a. Date of Last Report: 02/28/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: 59-2364045
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
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
85 Zip Code

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: *Alfred Moore* DATE: 1-27-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, HARLEY	
STREET ADDRESS	4927 ROCHDALE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REED, ROSEMARY	
STREET ADDRESS	6958 CAMPLAIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, VIVAN	
STREET ADDRESS	6523 MANHATTAN DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, RUDOLPH	
STREET ADDRESS	3105 CLYDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	FSD	<input checked="" type="checkbox"/> DELETE
NAME	BARTON, ESTHER	
STREET ADDRESS	6618 MANHATTAN DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
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	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elps, Claudette	
1.3 STREET ADDRESS	2737 Sunny Acres Dr, East	
1.4 CITY-ST-ZIP	Jacksonville, FL 32209	
2.1 TITLE	Vice President VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mikel, Willie	
2.3 STREET ADDRESS	6443 Manhattan Dr.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32219	
3.1 TITLE	Secretary SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Reed, Rosemary	
3.3 STREET ADDRESS	6959 Champlain Rd.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32208	
4.1 TITLE	Treasurer TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sloan, Georgia	
4.3 STREET ADDRESS	6632 Manhattan Dr.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32219	
5.1 TITLE	Financial Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Moore, Alfred	
5.3 STREET ADDRESS	6523 Manhattan Dr	
5.4 CITY-ST-ZIP	Jacksonville, FL 32219	
6.1 TITLE	Business Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Willis, Lenora	
6.3 STREET ADDRESS	2145 W. Barry Dr.	
6.4 CITY-ST-ZIP	Jacksonville, FL 32209	

14. I do 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.

SIGNATURE: *Willie Mikel* DATE: 2/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)