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Jul 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 02/22/1983	
4. FEI Number 59-2364045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Zip	29. Zip
25. Country	30. Country

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 Moore, Vivian	
82 Street Address (P.O. Box Number is Not Acceptable) 6523 Manhattan Drive	
83	
84 City Jacksonville	85 Zip Code FL 32219

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 *Vivian Moore* 7-2-98
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	<input type="checkbox"/> DELETE
NAME	ELPS, CLAUDETTE	
STREET ADDRESS	2737 SUNNY ACRES DR., EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MIKEL, WILLIE	
STREET ADDRESS	6443 MANAHATTAN DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REED ROSEMARY	
STREET ADDRESS	6958 CHAMPLAIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SLOAN, GEORGIA	
STREET ADDRESS	6632 MANHANTTAN DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	FSD	<input checked="" type="checkbox"/> DELETE
NAME	NOORE, ALFRED	
STREET ADDRESS	6523 MANHATTAN DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	WILLIS, LENORA	
STREET ADDRESS	2145 W. BARRY DR.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	600002585556
3.3 STREET ADDRESS	-07/10/98--01082--017
3.4 CITY-ST-ZIP	***61.25
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Rudolph Harrison
4.3 STREET ADDRESS	3105 Clyde Dr.
4.4 CITY-ST-ZIP	Jax, FL 32208
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FSD Moore, Vivian
5.3 STREET ADDRESS	6523 Manhattan Dr.
5.4 CITY-ST-ZIP	Jax FL 32219
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Claudette Elps P.D., Willie Mikel, SD, Alfred Noore, Lenora Willis* 4/18/98

CR2E037 (10/97)