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**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90075 006 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767118**

1. Corporation Name  
**CENTURIAN CLUB, INC.**

Principal Place of Business 6523 MANHATTAN DR JACKSONVILLE FL 32219 US	Mailing Address P.O. BOX 9335 JACKSONVILLE FL 32208 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/22/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2364045
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**MOORE, VIVIAN**  
**6523 MANHATTAN DRIVE**  
**JACKSONVILLE FL 32219**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 J. Moore DATE 3-20-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ELPS, CLAUDETTE	
STREET ADDRESS	2737 SUNNY ACRES DR., EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MIKEL, WILLIE	
STREET ADDRESS	6443 MANHATTAN DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REED ROSEMARY	
STREET ADDRESS	6958 CHAMPLAIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, RUDOLPH	
STREET ADDRESS	3105 CLYDE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	FSD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, VIVIAN	
STREET ADDRESS	6523 MANHATTAN DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
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	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harley Brown	
1.3 STREET ADDRESS	4927 Rochdale Rd.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32208	
2.1 TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lucille B. Trotter	
2.3 STREET ADDRESS	6564 Utsey Rd.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32219	
3.1 TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LENORA WILLIS	
3.3 STREET ADDRESS	2145 W. BARRY DR.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208	
4.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marva Mikel	
4.3 STREET ADDRESS	6443 Manhattan Dr.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208	
5.1 TITLE	Financial Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vernice Harrison	
5.3 STREET ADDRESS	3105 Clyde Dr.	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208	
6.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lenora Willis	
6.3 STREET ADDRESS	2145 W. BARRY DR.	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208	

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, with all other like empowered.

SIGNATURE: Vivian J. Moore DATE: 3-20-99 DAYTIME PHONE: 765-3878

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)