


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 767118
 1. Entity Name
CENTURIAN CLUB, INC.



Principal Place of Business 6523 MANHATTAN DR JACKSONVILLE, FL 32219 US	Mailing Address P.O. BOX 9935 JACKSONVILLE, FL 32208 US
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01232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2364045	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MIKEL, MARVA J
 6443 MANHATTAN ST.
 JACKSONVILLE, FL 32219

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKEL, WILLIE JR. 6443 MANHATTAN DR. JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRISON, VERNICE 3105 CLYDE DRIVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTON, ESTHER 6618 MANHATTAN DR. JACKSONVILLE, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TROTTER, LUCILLE 6564 UTSEY RD. JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD ELPS, CLAUDETTE 2737 SUNNY ACRES DR. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000251653
 03/04/05-80057-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Willie Mikel **2-18-05** 904-769-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #