

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 22, 2009
Secretary of State

DOCUMENT# 767118

Entity Name: CENTURIAN CLUB, INC.

Current Principal Place of Business:6443 MANHATTAN DRIVE
JACKSONVILLE, FL 32219 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 9935
JACKSONVILLE, FL 32208 US**New Mailing Address:**

FEI Number: 59-2364045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MIKEL, MARVA J
6443 MANHATTAN DRIVE
JACKSONVILLE, FL 32219 US**Name and Address of New Registered Agent:**MIKEL, WILLIE
6443 MANHATTAN DRIVE
JACKSONVILLE, FL 32219 US

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.

SIGNATURE: WILLIE MIKEL, JR.

10/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: MIKEL, WILLIE J JR.
Address: 6443 MANHATTAN DR.
City-St-Zip: JACKSONVILLE, FL 32219Title: VD () Delete
Name: HARRISON, VERNICE
Address: 3105 CLYDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208Title: SD () Delete
Name: BARTON, ESTHER
Address: 6618 MANHATTAN DR.
City-St-Zip: JACKSONVILLE, FL 32119Title: TD () Delete
Name: TROTTER, LUCILLE B
Address: 6564 UTSEY RD.
City-St-Zip: JACKSONVILLE, FL 32219Title: FSD () Delete
Name: ELPS, CLAUDETTE
Address: 2737 SUNNY ACRES DR.
City-St-Zip: JACKSONVILLE, FL 32209**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: BROWN, HARLEY
Address: 4927 ROACHDALE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: MIKEL, MARVA J
Address: 6443 MANHATTAN DRIVE
City-St-Zip: JACKSONVILLE, FL 32219Title: FSD (X) Change () Addition
Name: HARRISON, RUDOLPH
Address: 3105 CLYDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARLEY BROWN

PD

10/22/2009

Electronic Signature of Signing Officer or Director

Date