

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44253

**FILED**  
**May 26, 2004**  
**Secretary of State****Entity Name:** THE HUNDRED CLUB OF ST. LUCIE COUNTY, INC.**Current Principal Place of Business:**2211 OKEECHOBEE ROAD  
FT PIERCE, FL 349506552**New Principal Place of Business:****Current Mailing Address:**2211 OKEECHOBEE ROAD  
FT PIERCE, FL 349506552**New Mailing Address:****FEI Number:** 65-0509672**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SMITH, VERNON  
2211 OKEECHOBEE RD  
FT PIERCE, FL 349506552**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: BLUESTONE, ROBERT W.  
Address: 100 S. 2ND STREET  
City-St-Zip: FT. PIERCE, FL

Title: DT ( ) Delete  
Name: ALLEY, PATRICIA  
Address: 2211 OKEECHOBEE ROAD  
City-St-Zip: FT. PIERCE, FL

Title: D ( ) Delete  
Name: DANNAHOWER, WILLIAM, R  
Address: 500 BOSTON AVE  
City-St-Zip: FT PIERCE, FL

Title: DP ( ) Delete  
Name: ROWLEY, JANE  
Address: 8019 S. FEDERAL HWY  
City-St-Zip: PORT ST. LUCIE, FL

Title: DS ( ) Delete  
Name: FOWLER, MICHAEL D.  
Address: 311 S 2ND STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete  
Name: KNOWLES, C.,  
Address: 131 S 2ND ST  
City-St-Zip: FT PIERCE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: SHAW, DOROTHY  
Address: 4700 W MIDWAY RD  
City-St-Zip: FT. PIERCE, FL 34981

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MASCARA, KEN J  
Address: 4700 W MIDWAY RD  
City-St-Zip: FT PIERCE, FL 34981

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA ALLEY

TD

05/26/2004

Electronic Signature of Signing Officer or Director

Date