

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44253

FILED
Apr 28, 2005
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 US

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: SHAW, DOROTHY
Address: 4700 W MIDWAY RD
City-St-Zip: FT. PIERCE, FL 34981

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: MASCARA, KEN J
Address: 4700 W MIDWAY RD
City-St-Zip: FT PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

TREA

04/28/2005

Electronic Signature of Signing Officer or Director

Date