


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 AUG -4 AM 8:38

DOCUMENT # N44253	
1. Entity Name THE HUNDRED CLUB OF ST. LUCIE COUNTY, INC.	

Principal Place of Business 2211 OKEECHOBEE ROAD FT PIERCE, FL 34950-6552	Mailing Address 2211 OKEECHOBEE ROAD FT PIERCE, FL 34950-6552
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 4700 West Midway Road Suite, Apt. #, etc.
City & State	City & State Fort Pierce, FL 34981-4825
Zip Country	Zip Country 34981-4825 USA



08012005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0509672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, VERNON 2211 OKEECHOBEE RD FT PIERCE, FL 34950-6552	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHAW, DOROTHY 4700 W MIDWAY RD FT. PIERCE, FL 34981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100058485351 08/11/05--01050--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALLEY, PATRICIA 2211 OKEECHOBEE ROAD FT. PIERCE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Schwab, Tamara 4700 West Midway Road Fort Pierce, FL 34981-4825 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNAHOWER, WILLIAM R 500 BOSTON AVE FT PIERCE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROWLEY, JANE 8019 S. FEDERAL HWY PORT ST. LUCIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOWLER, MICHAEL D. 311 S 2ND STREET FORT PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASCARA, KEN J 4700 W MIDWAY RD FT PIERCE, FL 34981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Tamara Schwab Tamara Schwab - 8/1/05 - (772)462-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #