


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

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 4700 WEST MIDWAY ROAD FT. PIERCE, FL 34981-4825
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01052007 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMITH, VERNON 2211 OKEECHOBEE RD FT PIERCE, FL 34950-6552
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**DO NOT WRITE
IN THIS SPACE**

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 reappointing) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	DVP SHAW, DOROTHY 4700 W MIDWAY RD FT. PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILSON, GARRY 4700 WEST MIDWAY ROAD FORT PIERCE, FL 348914825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNAHOWER, WILLIAM R 500 BOSTON AVE FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROWLEY, JANE 8019 S. FEDERAL HWY PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOWLER, MICHAEL D. 311 S 2ND STREET FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASCARA, KEN J 4700 W MIDWAY RD FT PIERCE, FL 34981

000000670200
03/27/07-80103-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07

Date

Daytime Phone #