

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000637 (0)

1. Corporation Name

THE STATE OF FLORIDA HUNDRED CLUB, INC.



Principal Place of Business

**5306 MANATEE AVENUE WEST
BRADENTON FL 34209**

Mailing Address

**5306 MANATEE AVENUE WEST
BRADENTON FL 34209**

3. Date Incorporated or Qualified
12/03/1992

3a. Date of Last Report
07/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0375151

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERB, C. W.
3148 SOUTH GATE CIRCLE
SARASOTA FL 34239**

81 Name

MOLTER, DANNY E.

82 Street Address (P.O. Box Number is Not Acceptable)

5306 MANATEE W.

83

84 City

BRADENTON

FL

85 Zip Code
34209

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0543, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOLTER, DANNY E	
STREET ADDRESS	5306 MANATEE AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STAFFORD, JOHN	
STREET ADDRESS	4117 BOCA POINTE DR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARR, JESSIE	
STREET ADDRESS	1265 28TH AVE W.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOORE, MAX	
STREET ADDRESS	6243 14TH ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BEASLY, BILL	
STREET ADDRESS	7412 15TH AVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)