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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000000042**

1. Corporation Name

OSCEOLA COUNTY HUNDRED CLUB, INC.

Principal Place of Business

8 N STEWART AVE
 KISSIMMEE FL 34741

Mailing Address

POB 423191
 KISSIMMEE FL 34742



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/05/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3162288	
22		27		5. Certificate of Status Desired <input type="checkbox"/>	
City & State		City & State		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/>	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		Country	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MUNTZING, WILLIAM H
 1102 W OAK ST
 KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNTZING, WILLIAM H	1.2 NAME	
STREET ADDRESS	1102 W OAK ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, TERRY LEE	2.2 NAME	
STREET ADDRESS	P.O. BOX 420174 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTZOG, MARTA V	3.2 NAME	
STREET ADDRESS	2219 ACREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, IRIS	4.2 NAME	
STREET ADDRESS	1611 LORALYN E	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORAN, TERRY	5.2 NAME	
STREET ADDRESS	PO BOX 10000 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAKES, WILLIAM L	6.2 NAME	
STREET ADDRESS	803 NEPTUNE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Terry Lee Roberts* DATE: 3/1/99 DAYTIME PHONE #: (407) 847-2494

CR2E037 (11/98)