


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90087 024 ****61.25

DOCUMENT # N93000000042
1. Entity Name
OSCEOLA COUNTY HUNDRED CLUB, INC.



Principal Place of Business Mailing Address
8 N STEWART AVE **POB 423191**
KISSIMMEE FL 34741 **KISSIMMEE FL 34742**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-3162288 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|---|--|--|------------------|
| MUNTZING, WILLIAM H 1102 W OAK ST KISSIMMEE FL 34741 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|----------------------|--|--|---|---------------------|---------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete | | TITLE | PD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | SETON, WILLIAM W | | | NAME | DANIEL WERMUTH | | |
| STREET ADDRESS | 607 CANTERBURY LANE | | | STREET ADDRESS | 502 NEW YORK AVE | | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | | | CITY-ST-ZIP | ST. CLOUD, FL 34769 | | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROBERTS, TERRY LEE | | | NAME | | | |
| STREET ADDRESS | P.O. BOX 420174 N/A | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | KISSIMMEE FL 34742 | | | CITY-ST-ZIP | | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | | TITLE | SD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | HARTZOG, MARTA V | | | NAME | WILLIAM MUNTZING | | |
| STREET ADDRESS | 2219 ACREE LANE | | | STREET ADDRESS | 1102 OAK ST. | | |
| CITY-ST-ZIP | KISSIMMEE FL | | | CITY-ST-ZIP | KISSIMMEE, FL 34741 | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | POFFENBAUGH, JAMES M | | | NAME | | | |
| STREET ADDRESS | 1118 13TH ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SAINT CLOUD FL 34769 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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: Terry Lee Roberts TERRY LEE ROBERTS 1/22/04 (407)847-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #