


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-NP      CR2E037 (10/03)

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  
 MUNTZING, WILLIAM H  
 1102 W OAK ST  
 KISSIMMEE, FL 34741

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	PD WERMUTH, DANIEL 502 NEW YORK AVE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, TERRY LEE P.O. BOX 420174 N/A KISSIMMEE, FL 34742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUNTZING, WILLIAM 1102 OAK ST KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POFFENBAUGH, JAMES M 1118 13TH ST SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1700000183932  
 01/20/05-80010-006 61.25

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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      1/12/05      407-847-2494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #