


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000000042 1. Entity Name OSCEOLA COUNTY HUNDRED CLUB, INC.	
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Principal Place of Business 8 N STEWART AVE KISSIMMEE, FL 34741	Mailing Address POB 423191 KISSIMMEE, FL 34742
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05232006 No Chg-NP CRZE037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3162288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$61.25
Due by September 6, 2006**

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	

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05/26/06-80005-004 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: Terry Lee Roberts Terry Lee Roberts 5/23/06 407-847-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #