

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 08:00 AM
Secretary of State



DOCUMENT # N93000000042

1. Entity Name

OSCEOLA COUNTY HUNDRED CLUB, INC.

Principal Place of Business

8 N STEWART AVE
 KISSIMMEE FL 34741

Mailing Address

POB 423191
 KISSIMMEE FL 34742



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

59-3162288

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 Delete
 NAME: WERMUTH, DANIEL
 STREET ADDRESS: 502 NEW YORK AVE
 CITY-STATE-ZIP: SAINT CLOUD FL 34769

TITLE: Change Addition
 NAME: U00000644050
 STREET ADDRESS: 03/02/07-80026-013 61.25
 CITY-STATE-ZIP:

TITLE: TD Delete
 NAME: ROBERTS, TERRY LEE
 STREET ADDRESS: P.O. BOX 420174 N/A
 CITY-STATE-ZIP: KISSIMMEE FL 34742

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: SD Delete
 NAME: MUNTZING, WILLIAM
 STREET ADDRESS: 1102 OAK ST
 CITY-STATE-ZIP: KISSIMMEE FL 34741

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: VD Delete
 NAME: POFFENBAUGH, JAMES M
 STREET ADDRESS: 1118 13TH ST
 CITY-STATE-ZIP: SAINT CLOUD FL 34769

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/19/07

407-847-9040