


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WERMUTH, DANIEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000937762 05/27/08-80063-004 61.25
NAME	502 NEW YORK AVE	NAME	
STREET ADDRESS	SAINT CLOUD FL 34769	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD ROBERTS, TERRY LEE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 420174 N/A	NAME	
STREET ADDRESS	KISSIMMEE FL 34742	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD MUNTZING, WILLIAM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1102 OAK ST	NAME	
STREET ADDRESS	KISSIMMEE FL 34741	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD POFFENBAUGH, JAMES M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1118 13TH ST	NAME	
STREET ADDRESS	SAINT CLOUD FL 34769	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	
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 reported 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