2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002449

1. Entity Name
THE HUNDRED CLUB OF MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
PO BOX 3118 STUART, FL 34995	PO BOX 3118 STUART, FL 34995

DO NOT WRITE IN THIS SPACE

02132008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0463507	Not Applicable

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

6. Name and Address of Current Registered Agent

KILBRIDE, ROBERT
4 SE LANTANA LANE
SEWALLS POINT, FL 34996

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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_____

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

Filing Fee is $61.25
Due by May 1, 2008

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

10.	OFFICERS AND DIRECTORS
TITLE	VD
NAME	KILBRIDE, ROBERT
STREET ADDRESS	4 LANTANA LANE
CITY-ST-ZIP	STUART, FL 34996
TITLE	PD
NAME	MARVIN, FRENKEL
STREET ADDRESS	2001 SAILFISH BLVD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	SD
NAME	BELDING, LOIS
STREET ADDRESS	1780 SW SUNSET TR.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/08-80100-001 61.25

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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: *Lois Belding, Sec. Director*   2/8/08   772-283-7422

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