

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90290 018 ****61.25

DOCUMENT # N97000000078

1. Corporation Name

CENTURION CLUB OF VIERA, INCORPORATED

Principal Place of Business

7580 HALF MOON COURT
MELBOURNE FL 32940

Mailing Address

PO BOX 411000
VIERA FL 32940-1000

368849-90290-18



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

01/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

NOT APPLICABLE

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

MELBOURNE FL

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

32940

30

USA

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

MASTERSON, DORIS E
7580 HALF MOON COURT
MELBOURNE FL 32940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

MASTERSON, GORDON P
7580 HALF MOON COURT
MELBOURNE FL 32940

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

☐ DELETE

NAME

MASTERSON, DORIS E
7580 HALF MOON COURT
MELBOURNE FL 32940

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

MILLS, TRAVIS L
1501 CHESAPEAKE CT
VIERA FL 32940

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

PECKHAM, HOWARD JR
1503 CHESAPEAKE CT
VIERA FL 32940

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

PITTMAN, ROBERT
438 HAWTHORNE CT
INDIAN HARBOR BEACH FL 32937

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE: *Doris E. Masterson* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-99

Date

407-752-4805

Daytime Phone #

CR2E037 (11/98)