

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N30698 (7)**  
 1. Corporation Name  
**ONE HUNDRED CLUB OF MONROE COUNTY, INC.**



Principal Place of Business Mailing Address  
**C/O ROBERT K. MILLER** **C/O ROBERT K. MILLER**  
**2975 OVERSEAS HIGHWAY** **2975 OVERSEAS HIGHWAY**  
**MARATHON FL 33050** **MARATHON FL 33050-2235**

3. Date Incorporated or Qualified **02/14/1989** 3a. Date of Last Report **07/29/1996**  
 4. FEI Number **65-0108409** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**MILLER, ROBERT K.**  
**2975 OVERSEAS HIGHWAY**  
**MARATHON FL 33050**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JOHN J	
STREET ADDRESS	143 N BAHAMA DR	
CITY - ST - ZIP	DUCK KEY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	REASIN, RICHARD C	
STREET ADDRESS	P O BOX 430507 N/A	
CITY - ST - ZIP	BIG PINE KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EGLES, DIANNE	
STREET ADDRESS	310 COCO PLUM	
CITY - ST - ZIP	DUCK KEY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WORTHINGTON, TRICH	
STREET ADDRESS	310 CALZADA DE BOUGAINVILLE	
CITY - ST - ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, ROBERT K	
STREET ADDRESS	2975 OVERSEAS HWY.	
CITY - ST - ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES (JAY) R. MARZELLA	
1.3 STREET ADDRESS	865 Pirates Road	
1.4 CITY - ST - ZIP	Little Torch Key, FL 33042	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT K. MILLER	
5.3 STREET ADDRESS	2975 Overseas Highway	
5.4 CITY - ST - ZIP	Marathon, FL 33050	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** *4/21/97*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024770

CR2E037 (9/96)