2004 NOT-FOR-PROFIT CORPORATION

Apr 19, 2004 8:00 am Secretary of State ANNUAL REPORT 04-19-2004 90286 005 ****61.25 DOCUMENT # N30698 ONE HUNDRED CLUB OF MONROE COUNTY, INC. danaanna Principal Place of Business Mailing Address C/O ROBERT K. MILLER 2975 OVERSEAS HIGHWAY C/O ROBERT K. MILLER 2975 OVERSEAS HIGHWAY MARATHON, FL 33050 MARATHON, FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0108409 Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, ROBERT K. 2975 OVERSEAS HIGHWAY Street Address (P.O. Box Number is Not Acceptable) MARATHON, FL 33050 City 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. (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Charles Churtrand 29 238 ChickASAN ST. Delete Change Addition TITLE TITLE MORO, PINO NAME NAME 243 W. SEAVIEW DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUCK KEY, FL 33043 CITY-ST-7IP ☐ Change TITLE TITLE ☐ Delete ☐ Addition NAME WORTHINGTON, TRICH NAME STREET ADDRESS 310 CALZADA DE BOUGAINVILLA STREET ADDRESS MARATHON, FL CITY-ST-ZIP CITY-ST-ZIP TITLE - Change · Addition TITLE_ Delete -MARZELLA, JAY NAME NAME 565 BARRY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP BIG PINE KEY, FL 33043 CITY-ST-71P Delete TITLE TITLE CHARTRAND, CHARLES NAME NAME STREET ADDRESS 29238 CHICKASAW STREET STREET ADDRESS BIG PINE KEY, FL 33043 CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I 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 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 Apeciard Section Section 119.07(a)(ii). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED