

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90827 033 \*\*\*\*61.25

**DOCUMENT # N30698**

1. Entity Name

ONE HUNDRED CLUB OF MONROE COUNTY, INC.



Principal Place of Business

C/O ROBERT K. MILLER  
2975 OVERSEAS HIGHWAY  
MARATHON, FL 33050

Mailing Address

C/O ROBERT K. MILLER  
2975 OVERSEAS HIGHWAY  
MARATHON, FL 33050



03062007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0108409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT K.  
2975 OVERSEAS HIGHWAY  
MARATHON, FL 33050

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CASEY, RICK  
STREET ADDRESS P O BOX 43003  
CITY-ST-ZIP BIG PINE KEY, FL 33043

TITLE T  
NAME WORTHINGTON, TRICH  
STREET ADDRESS 310 CALZADA DE BOUGAINVILLE  
CITY-ST-ZIP MARATHON, FL

TITLE SD  
NAME MARZELLA, JAY  
STREET ADDRESS 565 BARRY AVE.  
CITY-ST-ZIP BIG PINE KEY, FL 33043

TITLE VP  
NAME BLACKBURN, MARSH  
STREET ADDRESS 24 DOCKSIDE LANE #73  
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Trich Worthington* *Trich Worthington* 4/24/07 305 289 5820