2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002445

City-St-Zip:

MARATHON, FL 33050 US

Entity Name: ZONTA CLUB OF MARATHON FOUNDATION, INC.

FILED May 03, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P O BOX 500972 MARATHON, FL 33050 **Current Mailing Address: New Mailing Address:** P O BOX 500972 MARATHON, FL 33050 FEI Number: 65-0855402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COWEN, BARBARA A 331 NORTH ANGLERS DRIVE MARATHON, FL 33050 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SCHINDLER, GAIL HOLLAR, BARBARA Name: Name: 373 STIRRUP KEY BLVD. Address: 828 WEST OCEAN DRIVE Address: City-St-Zip: MARATHON, FL 33050 US City-St-Zip: KEY COLONY BEACH, FL 33051 US Title: () Delete Title: () Change () Addition Name: COWEN, BARBARA A Name: Address: 331 NORTH ANGLERS DRIVE Address: City-St-Zip: MARATHON, FL 33050 US City-St-Zip: Title: RSD () Delete Title: RSD (X) Change () Addition MORRIS, TARA SUZANN, PAPE Name: Name: 58901 OVERSEAS HWY 11260 6TH AVENUE GULF Address: Address: City-St-Zip: GRASSY KEY, FL 33050 US City-St-Zip: MARATHON, FL 33050 US Title: CSD () Delete Title: VΡ (X) Change () Addition Name: MOTHNER, JANINE Name: TARA, MORRIS 1222 76TH STREET OCEAN Address: 872 64TH STREET OCEAN Address: City-St-Zip: MARATHON, FL 33050 US City-St-Zip: MARATHON, FL 33050 US Title: Title: (X) Delete () Change () Addition BANKS, ARDITH Name: Name: 58396 OVERSEAS HWY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BARBARA COWEN TD 05/03/2004