

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002445

Entity Name: ZONTA CLUB OF MARATHON FOUNDATION, INC.**Current Principal Place of Business:**8085 OVERSEAS HIGHWAY
MARATHON, FL 33050**Current Mailing Address:**PO BOX 500972
MARATHON, FL 33050**FEI Number:** 65-0855402**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACDONALD, ELIZABETH A
8085 OVERSEAS HIGHWAY
MARATHON, FL 33050 US*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:** ELIZABETH MACDONALD

04/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name QUINN, CHARLOTTE
Address 493 JAMES AVENUE OCEAN
City-State-Zip: MARATHON, FL FL 33050

Title DIRECTOR
Name DANKO, NATALIE
Address 201 S ANGLERS DRIVE
City-State-Zip: MARATHON FL 33050

Title DIRECTOR
Name ZIMMERMAN, JOANNE
Address MOCKINGBIRD LANE
City-State-Zip: MARATHON FL 33050

Title RECORDING SECRETARY
Name JOHNSON, LINDA K.
Address 800 CAMINO REAL
City-State-Zip: MARATHON FL 33050

Title CORRESPONDING SECRETARY
Name ERIN, ARNETT
Address PO BOX 501822
City-State-Zip: MARATHON FL 33050

Title VP
Name MORRIS, TARA
Address 1225 75TH STREET OCEAN W
City-State-Zip: MARATHON FL 33050

Title DIRECTOR
Name LEVINE, MELISSA
Address 111 PIRATES COVE
City-State-Zip: MARATHON FL 33050

Title TREASURER
Name MACDONALD, ELIZABETH
Address 389 N. ANGLERS DR
 #103
City-State-Zip: MARATHON FL 33050

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I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH MACDONALD**TREASURER**

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MIGUT, SHANNON
Address P.O. BOX 500972
City-State-Zip: MARATHON FL 33050

Title DIRECTOR
Name BIAGI, PATRICIA
Address PO BOX 500972
City-State-Zip: MARATHON FL 33050