


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # 709612

1. Entity Name
 MARATHON COMMUNITY UNITED METHODIST CHURCH INC.



Principal Place of Business
 3010 OVERSEAS HIGHWAY
 MARATHON, FL 33050

Mailing Address
 3010 OVERSEAS HIGHWAY
 MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE



03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-2354291

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KERR, ELOISE
 P.O. BOX 510355
 251 2ND ST
 KEY COLONY BEACH, FL 33051

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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000866633
 04/08/08-80039-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCDOWELL, WALTER
STREET ADDRESS	1257 24TH ST. OCEAN
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	T
NAME	ARROWSMITH, LEE
STREET ADDRESS	2349 SOMBRERO BEACH RD.
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	T
NAME	PRICE, WARREN
STREET ADDRESS	339 SOMBRERO BEACH RD.
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 # _____