

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 736696

FILED
Sep 19, 2007
Secretary of State

Entity Name: MARATHON JAYCEES, INC.

Current Principal Place of Business:

705-33RD STREET, GULF
P.O. BOX 500662
MARATHON, FL 330507662

New Principal Place of Business:

705-33RD STREET, GULF
MARATHON, FL 33050

Current Mailing Address:

5800 OVERSEAS HIGHWAY
SUITE 40
MARATHON, FL 33050 US

New Mailing Address:

PO BOX 500662
MARATHON, FL 33050 US

FEI Number: 59-2751200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GREENMAN, FRANKLIN D.
5800 OVERSEAS HWY SUITE 40
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

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: GREENMAN, FRANKLIN D.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, LUIS
Address: P.O. BOX 507140
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: DANIELS, BILL
Address: 611 101ST STREET OCEAN
City-St-Zip: MARATHON, FL 33050

Title: V () Delete
Name: BRAKE, JOE
Address: PO BOX 501819
City-St-Zip: MARATHON SHORES, FL 33050

Title: T (X) Delete
Name: PLAYER, SHERRY
Address: P.O. BOX 501792
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MYERS, BRITT
Address: P.O. BOX 522483
City-St-Zip: MARATHON SHORES, FL 33052

Title: S (X) Change () Addition
Name: MORGAN, AMY
Address: 1177 76TH ST OCEAN
City-St-Zip: MARATHON, FL 33050

Title: T (X) Change () Addition
Name: PFEIFFER, ADAM
Address: PO BOX 500662
City-St-Zip: MARATHON, FL 33050

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JOANN WAGNER

COB

09/19/2007

Electronic Signature of Signing Officer or Director

Date