

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736696

FILED
Jun 25, 2008
Secretary of State

Entity Name: MARATHON JAYCEES, INC.

Current Principal Place of Business:

705-33RD STREET, GULF
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

PO BOX 500662
MARATHON, FL 33050 US

New Mailing Address:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KEENEY, JOHN
Address: P.O. BOX 500662
City-St-Zip: MARATHON, FL 33050

Title: BVP (X) Change () Addition
Name: WILCOXON, ASHLEY
Address: PO BOX 500662
City-St-Zip: MARATHON, FL 33050

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

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: ASHLEY L WILCOXON

_____ Electronic Signature of Signing Officer or Director

BVP

06/25/2008

_____ Date