

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **736768** (3)

1. Corporation Name

THE MARATHON COMMUNITY THEATRE INC.

Principal Place of Business

P O BOX 500124
MARATHON FL 33050

Mailing Address

P O BOX 500124
MARATHON FL 33050



3. Date Incorporated or Qualified

09/08/1976

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

5101 Overseas Hwy.

Same as above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Marathon, Fl.

City & State

City & State

Zip
33050

Country
U.S.A

Zip

Country

4. FEI Number

59-1692300

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GREENMAN, FRANKLIN D.
5800 OVERSEAS HIGHWAY
SUITE 40
MARATHON FL 33050**

10. Name and Address of New Registered Agent

81 Name **Lawrence E. Albritton**

82 Street Address (P.O. Box Number is Not Acceptable)
2975 Overseas Hwy.

83

84 City **Marathon, Fl.**

FL

85 Zip Code **33050**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Lawrence E. Albritton

2-12-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **LANCASTER, GEORGE**
STREET ADDRESS **710 11TH ST**
CITY-STATE-ZIP **KEY COLONY BCH FL**

TITLE **D** ☒ DELETE

NAME **HARLOW, DAVID**
STREET ADDRESS **P.O. BOX 601 N/A**
CITY-STATE-ZIP **KEY CONOLY BEACH FL**

TITLE **D** ☐ DELETE

NAME **GURMAN, JUDI**
STREET ADDRESS **946 E. 75TH ST.**
CITY-STATE-ZIP **MARATHON FL**

TITLE **T** ☒ DELETE

NAME **KREH, HENRY**
STREET ADDRESS **108 E. 75TH DRIVE**
CITY-STATE-ZIP **MARATHON FL**

TITLE ☒ DELETE

NAME **DIMARCO, RAY**
STREET ADDRESS **539 COPA D'ORO**
CITY-STATE-ZIP **MARATHON FL**

TITLE **TD** ☐ DELETE

NAME **SILCOX, BARBARA**
STREET ADDRESS **124 PIRATES COVE DR**
CITY-STATE-ZIP **MARATHON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☐ Change ☒ Addition

1.2 NAME **Ruth Cadman**
1.3 STREET ADDRESS **662 97th St.**
1.4 CITY-STATE-ZIP **Marathon, Fl., 33050**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Gretchen Burrows**
2.3 STREET ADDRESS **P.O. Box 1034**
2.4 CITY-STATE-ZIP **Marathon, Fl., 33050**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Rose Hunter**
3.3 STREET ADDRESS **Rte #1, Box 221A**
3.4 CITY-STATE-ZIP **Marathon, Fl., 33050**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Lisa Dziedzic**
4.3 STREET ADDRESS **97 Coco Plum Dr.**
4.4 CITY-STATE-ZIP **Marathon, Fl., 33050**

5.1 TITLE **VP/D** ☐ Change ☒ Addition

5.2 NAME **Dr. Claudia McEwen**
5.3 STREET ADDRESS **5701 Overseas Hwy.**
5.4 CITY-STATE-ZIP **Marathon, Fl., 33050**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Robert Sundermeier**
6.3 STREET ADDRESS **7010 Overseas Hwy.**
6.4 CITY-STATE-ZIP **Marathon, Fl., 33050**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George V. Lancaster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)