FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

MARATHON FL

CITY-ST-ZIP

SIGNATURE:

736768

(3)

THE MARATHON COMMUNITY THEATRE INC.

Principal Plac	e of Business	Mailing Address				
		•				
5101 OVERSEAS MARATHON FL		P O BOX 500124 MARATHON FL 33050			3. Date Incorporated or Qualified	
US	00000	MAISTRIQUE LE GOOGE			09/08/1976	
						4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address						59-1692300 Not Applicable
21	ace of business	2a. Mailing Address	-			5. Certificate of Status Desired S8.75 Additional
Suite, Apt.	# etc	26 Suite, Apt. #, etc				Fee Required
22	, c.c.	27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
City & State	9	City & State				7- Is this nonprofit corporation a homeowners association?
23		28				Yes No
Zip	Country	Zip	rip Cour			8. This corporation owes or has paid the current year Intangible
24	25	29	30	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
				81	Name	a
ALBRITTON, LAWRENCE E.				82	Street	et Address (P.O. Box Number is Not Acceptable)
	ERSEAS HWY	!		83		warran .
Marath	ON FL 33050					
				84	City	FL 85 Zip Code
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						
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	_					и,
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registere					nt signatur	re required when reinstating) DATE
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1	1.1 TITLE		PD Change Addition
NAME	LANCASTER,, GEORGE		- 1	NAME		CLANON WHITE (690 7974 STOCEAN)
STREET ADDRESS	710 11TH ST	`	1		ADDRESS	1
CITY - ST - ZIP	KEY COLONY BCH FL	EV percir		4 CITY - ST - ZIP		MORATHON FL 33050
TITLE	D	DELETE	- 1	2.1 TIME		VP
NAME	BURROW, GRETCHEN			NAME		GEORGE LANDCASTER
STREET ADDRESS	POST OFFICE BOX 1034				ADDRESS	·]
CITY-ST-ZIP	MARATHON FL			CITY-S	ST-ZIP	
TITLE	D	☐ DELETE		3.1 TITLE		Change Addition
NAME]	GORMAN, JUDI			NAME		Tony Angiulo
STREET ADDRESS	946 E. 75TH ST.		3.3 \$	STREET	ADDRESS	
CITY - ST - ZIP	MARATHON FL			CLTY-S	ST-ZIP	MARATHON, FL 33050
TITLE	D	☐ DELETE	- 6	TITLE		Change Addition
NAME	HUNTER, ROSE			NAME		Rose Hunter
STREET ADDRESS	ROUTE 1 BOX 221A				ADDRESS	1)
CITY - ST - ZIP	MARATHON FL			CITY-S	T-ZIP	
TITLE	VPD	" DELETE		TITLE		Change Addition
NAME	MCEWEN, CLAUDIA DR.			NAME		
STREET ADDRESS	5701 OVERSEAS HWY		5.3 9	STREET	ADDRESS	
CITY-ST-ZIP	MARATHON FL			CITY-S	T-ZIP	
TITLE	TD	DELETE		TITLE		Change Addition
NAME	SILCOX, BARBARA	-	6.21	NAME		
STREET ADDRESS	124 PIRATES COVE DR		6.3 5	STREET	ADDRESS	; 1

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath; 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 of on an attachment with an address?