

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90157 004 \*\*\*\*61.25

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DOCUMENT # 736768

1. Corporation Name

THE MARATHON COMMUNITY THEATRE INC.

Principal Place of Business

5101 OVERSEAS HWY  
MARATHON FL 33050  
US

Mailing Address

P O BOX 500124  
MARATHON FL 33050

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

27

City &amp; State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/08/1976

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

9. Name and Address of Current Registered Agent

ALBRITTON, LAWRENCE E.  
2975 OVERSEAS HWY  
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name

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

83

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 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME LANCASTER, GEORGE  
STREET ADDRESS 710 11TH ST  
CITY-ST-ZIP KEY COLONY BCH FLTITLE PD ☒ DELETE  
NAME WHITE, CLAVEN  
STREET ADDRESS 690 79TH ST OCEAN  
CITY-ST-ZIP MARATHON FL 33050TITLE D ☒ DELETE  
NAME GORMAN, JUDI  
STREET ADDRESS 946 E. 75TH ST.  
CITY-ST-ZIP MARATHON FLTITLE S ☒ DELETE  
NAME HUNTER, ROSE  
STREET ADDRESS ROUTE 1 BOX 221A  
CITY-ST-ZIP MARATHON FLTITLE VPD ☒ DELETE  
NAME MCEWEN, CLAUDIA DR.  
STREET ADDRESS 5701 OVERSEAS HWY  
CITY-ST-ZIP MARATHON FLTITLE T ☒ DELETE  
NAME ANGIULO, TONY  
STREET ADDRESS 107B ANGLER DR, N  
CITY-ST-ZIP MARATHON FL 33050

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Rita Irwin ☐ Change ☐ Addition  
1.2 NAME P.O. Box 522875  
1.3 STREET ADDRESS Marathon, FL 33050  
1.4 CITY-ST-ZIP2.1 TITLE D Mary Smith ☐ Change ☐ Addition  
2.2 NAME P.O. Box 510564  
2.3 STREET ADDRESS Key Colony Beach, FL 33051  
2.4 CITY-ST-ZIP3.1 TITLE T Anton M. Angiulo ☐ Change ☐ Addition  
3.2 NAME 107B- Anglers Drive North  
3.3 STREET ADDRESS Marathon, FL 33050  
3.4 CITY-ST-ZIP4.1 TITLE D Ray Di Marco ☐ Change ☐ Addition  
4.2 NAME 839 Copa D'oro  
4.3 STREET ADDRESS Marathon, FL 33050  
4.4 CITY-ST-ZIP5.1 TITLE D Bud Kreh ☐ Change ☐ Addition  
5.2 NAME 108 Sunset Drive  
5.3 STREET ADDRESS Marathon, FL 33050  
5.4 CITY-ST-ZIP6.1 TITLE D Ron Ferguson ☐ Change ☐ Addition  
6.2 NAME P.O. Box 593  
6.3 STREET ADDRESS Key Colony Beach, FL 33051  
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)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)