## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 736768** 

Feb 15, 2009 Secretary of State

Entity Name: THE MARATHON COMMUNITY THEATRE INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5101 OVERSEAS HWY MARATHON, FL 33050 US

**Current Mailing Address: New Mailing Address:** 

P O BOX 500124 MARATHON, FL 33050

FEI Number: 59-1692300 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GEOTIS, LORETTA 5101 OVERSEA WY MARATHON, FL 33050 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition IRWIN, RITA MCEWEN, CLAUDIA Name: Name: 58173 FERREIRE ST Address: PO BOX 500124 Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: MARATHON, FL 33050

Title: Title: (X) Change ( ) Addition ( ) Delete BURNETT, GAIL A Name: BURNETT, GAIL A Name:

Address: 201 E. OCEAN DRIVE Address: PO BOX 500124 City-St-Zip: KEY COLONY BEACH, FL 33051 City-St-Zip: MARATHON, FL 33050

Title: PD () Delete Title: (X) Change ( ) Addition HUNDHAMMER, FRED SPINELLI, LAUREN Name: Name: PO BOX 500124 Address: PO BOX 501136 Address:

City-St-Zip: MARATHON, FL 33050 City-St-Zip: MARATHON, FL 33050

Title: SD ( ) Delete Title: (X) Change ( ) Addition RICKETT, SYLVIA Name: Name: RICKETT, SYLVIA

P.O. BOX 500124 P.O. BOX 500124 Address: Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: MARATHON, FL 33050

Title: () Delete Title: (X) Change ( ) Addition

MEREL, ALICIA Name: Name: MEREL, ALICIA 29057 GERANIUM DR PO BOX 500124 Address: Address: City-St-Zip: BIG PINE KEY, FL 33043 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: LAUREN SPINELLI Т 02/15/2009