



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90456 014 ****61.25

DOCUMENT # 742219 1. Entity Name MARATHON YOUTH CLUB, INC.					
Principal Place of Business P O BOX 500232 MARATHON, FL 33050 US				Mailing Address P O BOX 500232 MARATHON, FL 33050 US	
2. Principal Place of Business 5409 o/s Hwy Suite, Apt. #, etc. 316		3. Mailing Address 5409 o/s Hwy Suite, Apt. #, etc. 316			
City & State Marathon, FL		City & State Marathon FL		03222004 Chg-NP CR2E037 (10/13)	
Zip 33050 Country us		Zip 33050 Country us		4. FEI Number 59-2371072	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, ROBERT K ESQ 2975 OVERSEAS HIGHWAY MARATHON, FL 33050				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P <input type="checkbox"/> Delete BULL, CHRISTOPHER M 150 CALLE ENSUENO MARATHON, FL 33050				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD <input checked="" type="checkbox"/> Delete PERRY, CHERI P O BOX 500232 MARATHON, FL 33050				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD <input type="checkbox"/> Delete LANDRY, GERALD L 763 86TH STREET MARATHON, FL 33050				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Jim Dorl 5701 o/s Hwy Suite 12 Marathon FL 33050				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <u>G. Lynn Landry</u> <u>G. Lynn Landry</u> <u>3-23-04</u> <u>305-743-7129</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					