


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000007129	
1. Entity Name UNITY OF MARATHON, INC.	

Principal Place of Business 5270 OVERSEAS HWY. MARATHON, FL 33050	Mailing Address P.O. BOX 522498 MARATHON, FL 33052
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2298889	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SELLERS, CAROLYN E 75061 OVERSEAS HWY ISLAMORADA, FL 33036	DO NOT WRITE IN THIS SPACE
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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: *Carolyn E. Sellers* DATE: 4/15/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000907760 05/06/08-80001-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P/T KEENEY, HAROLYN 101 BUTTONWOOD LANE #2 LONG KEY, FL 33001
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP LAPID, LEE 58744 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S SELLERS, CAROLYN 75061 OVERSEAS HWY ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T BYARS, LINDA 2771 OVERSEAS HIGHWAY MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carolyn E. Sellers, Secretary* DATE: 4/15/08 DAYTIME PHONE: 305-664-4164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR