

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010065

FILED
Apr 28, 2009
Secretary of State

Entity Name: MARATHON BAND BOOSTERS, INC.

Current Principal Place of Business:

350 SOMBRERO BCH RD
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

PO BOX 500645
MARATHON, FL 33050

New Mailing Address:

FEI Number: 20-3555063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN D. GREENMAN, P.A.
5800 OVERSEAS HWY STE 40
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: COX, CARROLLYN
Address: 365 ORANGE AVENUE
City-St-Zip: MARATHON, FL 33050

Title: S () Delete
Name: ROBERTS, MARJORIE
Address: 737 83RD ST., OCEAN
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: WHITFIELD, STEPHEN
Address: 350 SOMBRERO BCH RD
City-St-Zip: MARATHON, FL 33050

Title: T () Delete
Name: WILSON, JOY
Address: 1001 W 75TH ST
City-St-Zip: MARATHON, FL 33050

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: COX, CARROLLYN
Address: 365 ORANGE AVENUE
City-St-Zip: MARATHON, FL 33050

Title: S (X) Change () Addition
Name: COLLINS, CAROL
Address: 5409 OVERSEAS HWY. #367
City-St-Zip: MARATHON, FL 33050

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: TURNER, LISA
Address: 990 83RD ST., OCEAN
City-St-Zip: MARATHON, FL 33050

Title: P () Change (X) Addition
Name: PAUL, JANICE
Address: 8067 SHARK DR.
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: CARROLLYN COX

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date