
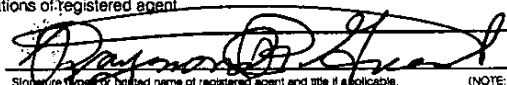
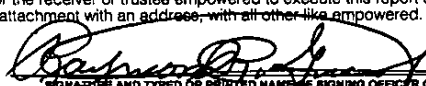


FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90101 001 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N37156			
1. Entity Name MARATHON CHURCH OF CHRIST, INC.			
Principal Place of Business 352 26 STREET OCEAN MARATHON, FL 33036 US		Mailing Address 352 26 STREET OCEAN MARATHON, FL 33036 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-2330586	
		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		7. Name and Address of New Registered Agent	
BARROW, JOHN H 83201 OLD HWY UNIT 208 ISLAMORADA, FL 33036		Name RAYMOND R. GUEST	
		Street Address (P.O. Box Number is Not Acceptable)	
		1268 92nd COURT OCEAN	
		City MARATHON	Zip Code FL 33050
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 1/15/07	
Filing Fee is \$61.25 Due by May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RING, GARLAND	NAME	
STREET ADDRESS	29686 SARATOGA AVE	STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, RYAN	NAME	
STREET ADDRESS	254 26TH STREET OCEAN	STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROW, JOHN H	NAME	RAYMOND R. GUEST
STREET ADDRESS	83201 OLD HWY UNIT 208	STREET ADDRESS	1268 92nd COURT OCEAN
CITY-ST-ZIP	ISLAMORADA, FL 33060	CITY-ST-ZIP	MARATHON FL 33050-2278
TITLE	<input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	STEVE BUCHANAN
STREET ADDRESS		STREET ADDRESS	254 26th ST. OCEAN
CITY-ST-ZIP		CITY-ST-ZIP	MARATHON FL 33050
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE 1/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	