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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42194** (3)

1. Corporation Name

ZONTA CLUB OF MARATHON, INC.



Principal Place of Business	Mailing Address
P O BOX 972 MARATHON FL 33050	P O BOX 972 MARATHON FL 33050

3. Date Incorporated or Qualified	02/19/1991
4. FEI Number	NOT APPLICABLE
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
MILLER, ROBERT K 2975 OVERSEAS HWY MARATHON FL 33050	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BESSEMER, SANDY
STREET ADDRESS	8062 PORPOISE DRIVE
CITY-ST-ZIP	MARATHON FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BRANDVOLD, MARIA
STREET ADDRESS	1 MAN-O-WAR DRIVE
CITY-ST-ZIP	MARATHON FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SOLLBERGER, MARY LOU
STREET ADDRESS	115 BAHAMA DRIVE NO.
CITY-ST-ZIP	DUCK KEY FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	JONES, ELLEN S.
STREET ADDRESS	143 BIMINI DRIVE
CITY-ST-ZIP	DUCK KEY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MACTURK, KATHLEEN
STREET ADDRESS	100 CAMINO REAL
CITY-ST-ZIP	MARATHON FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CADIZ, MARY
STREET ADDRESS	2490 HARBOR DR.
CITY-ST-ZIP	MARATHON FL 33050

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MACTURK, KATHY
1.3 STREET ADDRESS	100 CAMINO REAL
1.4 CITY-ST-ZIP	MARATHON FL 33050
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HEGLAND, DEBBIE
2.3 STREET ADDRESS	2126 DOLPHIN DRIVE
2.4 CITY-ST-ZIP	MARATHON FL 33050
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FOWLER, BRIGID
4.3 STREET ADDRESS	7967 GULFSTREAM BLVD
4.4 CITY-ST-ZIP	MARATHON FL 33050
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BESSEMER, SANDY
5.3 STREET ADDRESS	8062 PORPOISE DRIVE
5.4 CITY-ST-ZIP	MARATHON FL 33050
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RHODES, VICKI
6.3 STREET ADDRESS	8026 PORPOISE DRIVE
6.4 CITY-ST-ZIP	MARATHON FL 33050

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Lou Sollberger* Mary Lou Sollberger 03/22/98 (305) 743-5551

CR2E037 (10/97)