FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 17 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001597 (4)

1. Corporation Name

MARATHON IN ACTION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 522542 MARATHON SHORES FL 33052	P.O. BOX 522542 MARATHON SHORES FL 33052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: APPLIED FOR 65-0410106 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FRANKLIN D. GREENMAN PROFESSIONAL ASSOCIAT
5800 OVERSEAS HWY
SUITE 40
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PD ☐ Change ☐ Addition
NAME	DUCK, BARBARA	12 NAME	Duck, Barbara
STREET ADDRESS	580 W. 79TH ST. OCEAN	13 STREET ADDRESS	580 W. 79th St. Ocean
CITY-ST-ZIP	MARATHON FL 33050	14 CITY-ST-ZIP	Marathon Fl. 33050
TITLE	V	21 TITLE	V ☐ Change ☐ Addition
NAME	ANDERSON, RUSSELL	22 NAME	Anderson, Russell
STREET ADDRESS	242 109TH ST. OCEAN	23 STREET ADDRESS	242 109th St. Ocean
CITY-ST-ZIP	MARATHON FL 33050	24 CITY-ST-ZIP	Marathon Fl. 33050
TITLE	S	31 TITLE	S ☑ Change ☐ Addition
NAME	MILLER, ROXANNE	32 NAME	Thacker June
STREET ADDRESS	720 84TH ST. OCEAN	33 STREET ADDRESS	11285 3rd Ave Gulf
CITY-ST-ZIP	MARATHON FL 33050	34 CITY-ST-ZIP	Marathon Fl. 33050
TITLE	T	41 TITLE	T ☐ Change ☐ Addition
NAME	CADBURY, BONNIE	42 NAME	Cadbury, Bonnie
STREET ADDRESS	909 98TH ST. OCEAN	43 STREET ADDRESS	#4 909 98th St. Ocean
CITY-ST-ZIP	MARATHON FL 33050	44 CITY-ST-ZIP	Marathon Fl 33050
TITLE	D	51 TITLE	D ☑ Change ☐ Addition
NAME	THACKER, JUNE	52 NAME	Brothers, Kitty
STREET ADDRESS	11285 3RD AVE. GULF	53 STREET ADDRESS	668 89th St. Ocean
CITY-ST-ZIP	MARATHON FL 33050	54 CITY-ST-ZIP	Marathon Fl. 33050
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	BROHTERS, KITTY	62 NAME	Open
STREET ADDRESS	668 89TH ST. OCEAN	63 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Bonnie Cadbury Treasurer 2.14.95 - 305-289-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #