

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

3. Date Incorporated or Qualified

04/05/1993

4. FEI Number

65-0410106

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

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANKLIN D. GREENMAN PROFESSIONAL ASSOCIAT
5800 OVERSEAS HWY
SUITE 40
MARATHON FL 33050

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BROTHERS, KITTY
STREET ADDRESS 688 89TH STREET OCEAN
CITY-ST-ZIP MARATHON FL

☒ DELETE

TITLE VD
NAME NARDONE, PAULA
STREET ADDRESS 320 5TH STREET
CITY-ST-ZIP KEY COLONY BEACH FL

☐ DELETE

TITLE T
NAME THACKER, JUNE
STREET ADDRESS 11285 3RD AVENUE GULF
CITY-ST-ZIP MARATHON FL

☒ DELETE

TITLE S
NAME PERSAUD, JANICE
STREET ADDRESS 1902 YELLOWTAIL DR
CITY-ST-ZIP MARATHON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PD
1.2 NAME NARDONE, PAULA
1.3 STREET ADDRESS 320 5TH STREET
1.4 CITY-ST-ZIP KEY COLONY BEACH FL

☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME NARDONE, PAULA
2.3 STREET ADDRESS 384 ANGERS DR North
2.4 CITY-ST-ZIP MARATHON, FL 33050

☐ Change ☒ Addition

3.1 TITLE T
3.2 NAME REES, MARIANNE
3.3 STREET ADDRESS 956B WEST 105TH ST
3.4 CITY-ST-ZIP MARATHON, FL 33050

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 manager 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024758

CR2E037 (10/97)