2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N93000004395

Entity Name: ROTARY CLUB OF MARATHON, INC.

Current Principal Place of Business:

P.O. BOX 522666
MARATHON, FL 330522666

New Principal Place of Business:

5800 OVERSEAS HIGHWAY
6
MARATHON, FL 330522666

Current Mailing Address:

P.O. BOX 522666
MARATHON, FL 330522666

New Mailing Address:

FEI Number: 65-0434126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVANE, WILLIAM N JR ESQ
DE VANE & DORL P.A.
5701 OVERSEAS HWY, STE 12
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:	KAPLAN, DAVID	
Address:	POST OFFICE BOX 501923	
City-St-Zip:	MARATHON, FL 33050	
Title:	S	( ) Delete
Name:	QUINN, CHARLOTTE	
Address:	493 JAMES AVE OCEAN	
City-St-Zip:	MARATHON, FL 33050	
Title:	T	( ) Delete
Name:	MORATO, MARLENE	
Address:	5800 OVERSEAS HWY STE 6	
City-St-Zip:	MARATHON, FL 33050	
Title:	PE	( ) Delete
Name:	MCCULLAH, PAT	
Address:	POST OFFICE BOX 522666	
City-St-Zip:	MARATHON, FL 33050	
Title:	SAA	( ) Delete
Name:	GREGO, DAVID	
Address:	P.O. BOX 522666	
City-St-Zip:	MARATHON, FL 33050	
Title:	DMBR	(X) Delete
Name:	GONZALEZ, CHRISTINE	
Address:	POB 522666	
City-St-Zip:	MARATHON, FL 33050	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PE	(X) Change ( ) Addition
Name:	GOODWIN, KAREN	
Address:	POST OFFICE BOX 522666	
City-St-Zip:	MARATHON, FL 33050	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	MCCULLAH, PAT	
Address:	POST OFFICE BOX 522666	
City-St-Zip:	MARATHON, FL 33050	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: MARLENE C. MORATO CPA 04/30/2009

Electronic Signature of Signing Officer or Director — Date