

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000247

FILED
Mar 24, 2009
Secretary of State

Entity Name: MARATHON OLD TOWN MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business:

2525 OVERSEAS HWY
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

2525 OVERSEAS HWY
MARATHON, FL 33050

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEFFERNAN, BILL J
9703 OVERSEAS HWY
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: VP () Delete
Name: PEARSON, STEVE
Address: 2525 OVERSEAS HWY
City-St-Zip: MARATHON, FL 33050

Title: S () Delete
Name: DENNIS, KAREN
Address: BOX 501844
City-St-Zip: MARATHON, FL 33050

Title: P () Delete
Name: LEE, WOOLRIDGE
Address: 2601 OVERSEAS HWY
City-St-Zip: MARATHON, FL 33050

Title: T () Delete
Name: STIGLITZ, CAROL
Address: 1210 OVERSEAS HWY
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: ELY, JOHN
Address: 3660 OVERSEAS HWY
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVE PEARSON

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date