

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90117 032 \*\*\*\*61.25

**DOCUMENT # N95000000394**

1. Entity Name  
**MARATHON BPW FOUNDATION, INC.**



Principal Place of Business  
**2975 OVERSEAS HIGHWAY  
MARATHON, FL 33050**

Mailing Address  
**PO BOX 501106  
MARATHON, FL 33050-1106 US**

**DO NOT WRITE IN THIS SPACE**



04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0552796**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MILLER, ROBERT K  
2975 OVERSEAS HIGHWAY  
MARATHON, FL 33050**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GRANT, CYNTHIA  
PO BOX 420175  
SUMMERLAND KEY, FL 33042**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MARJORIE ROBERTS, MAJORIE  
737 83RD STREET  
MARATHON, FL 33050**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
SCHWARTZ, DONNA  
P. O. BOX 511175  
KEY COLONY BEACH, FL 33051**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RSD  
FABIAN, SARA  
10980 5TH AVENUE  
MARATHON, FL 33050**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
CARTER, KELLY  
237 WEST SEAVIEW DRIVE  
MARATHON, FL 33050**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MARJORIE ROBERTS, MAJORIE  
737 83RD STREET  
MARATHON, FL 33050**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/08**  
Date

**305 743 0454**  
Daytime Phone #