

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N96000002414**

1. Entity Name  
**MARATHON IN-LINE HOCKEY ASSOCIATION INC.**



**FILED  
Mar 22, 2004 8:00 am  
Secretary of State**

03-22-2004 90066 005 \*\*\*\*61.25

24026236



03102004 Chg-NP CR2E037 (10/03)

Principal Place of Business  
**1154 BLVD PALMAS  
MARATHON, FL 33050 US**

Mailing Address  
**1154 BLVD PALMAS  
MARATHON, FL 33050 US**

2. Principal Place of Business  
**P.O. Box 501325**

3. Mailing Address  
**Suite, Apt. #, etc.**

4. FEI Number  
**65-0664203**

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

6. Name and Address of Current Registered Agent  
**WRIGHT, THOMAS D  
9711 OVERSEAS HWY  
MARATHON, FL 33050**

7. Name and Address of New Registered Agent  
**Name  
Street Address (P.O. Box Number Is Not Acceptable)  
City  
FL Zip Code**

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 restating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DODANEAD, MELODY 8025 GULFSTREAM BLVD MARATHON, FL 33050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VELGER, TARI JO 368 100TH ST MARATHON, FL 33050	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANKIN, ROBERT H 59600 OVERSEAS HWY MARATHON, FL 33050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALDROP, DONNA 132 BRIAN RD MARATHON, FL 33050	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDROP, DONNA 132 BRIAN RD MARATHON, FL 33050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:** *M. Dodanead President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/04 3052894044*

Date

Daytime Phone #