

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001241

FILED
Jan 19, 2010
Secretary of State

Entity Name: MATLACHA MARINERS, INC.

Current Principal Place of Business:

4618 PINE ISLAND RD. NW.
#2
MATLACHA, FL 33993

New Principal Place of Business:

Current Mailing Address:

PO BOX 21
MATLACHA, FL 33993

New Mailing Address:

FEI Number: 02-0635879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLLIVER, JERRY
4618 PINE ISLAND ROAD
#1
MATLACHA, FL 33993 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: PD
Name: SCHARNBERGER, LARRY
Address: 3412 SW 7TH TERR
City-St-Zip: CAPE CORAL, FL 33991

Title: VD
Name: ROACH, JAMES
Address: 140 SE 8TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: SD
Name: FILA, PAUL
Address: 309 SE 31ST TER
City-St-Zip: CAPE CORAL, FL 33904

Title: TD
Name: JERVIS, CARL
Address: 3394 STRINGFELLOW RD
City-St-Zip: ST JAMES CITY, FL 33956

Title: ATD
Name: CRUCKSHANK, ROY
Address: 5030 ISLAND ACRES CT
City-St-Zip: ST JAMES CITY, FL 33956

Title: D
Name: JONES, JOHN
Address: 12248 BOAT SHELL DR
City-St-Zip: MATLACHA ISLES, FL 33991

I hereby 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 all other like empowered.

SIGNATURE: CARL JERVIS

TD

01/19/2010

Electronic Signature of Signing Officer or Director

_____ Date