

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**May 04, 2012**  
**Secretary of State**

DOCUMENT# N02000001241

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: HARRISON, FRANK  
Address: 2450 ROSE AVE  
City-St-Zip: ST JAMES CITY, FL 33956

Title: VD  
Name: HARRISON, FRANK  
Address: 2450 ROSE AVE  
City-St-Zip: ST JAMES CITY, FL 33956

Title: SD  
Name: MOREAU, GARTH  
Address: 2343 LEMON ST  
City-St-Zip: ST JAMES CITY, FL 33956

Title: TD  
Name: JERVIS, CARL  
Address: 6831 TROPICAL LANE  
City-St-Zip: BOKEELIA, FL 33922

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

Title: D  
Name: REED, WAYNE  
Address: 13350 MORNINGSTAR LN  
City-St-Zip: BOKEELIA, FL 33922

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

05/04/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date