

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736561

FILED
Apr 16, 2009
Secretary of State

Entity Name: INTERSEA FOUNDATION, INC.

Current Principal Place of Business:

#3 LAZY OAKS
CARMEL VALLEY, CA 93924 US

New Principal Place of Business:

Current Mailing Address:

#3 LAZY OAKS
CARMEL VALLEY, CA 93924 US

New Mailing Address:

FEI Number: 59-1684622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 () Delete
Name: D'VINCENT, CYNTHIA GAY
Address: 3 LAZY OAKS
City-St-Zip: CARMEL VALLEY, CA 93924

Title: D () Delete
Name: NILSON, STORM
Address: 3 LAZY OAKS
City-St-Zip: CARMEL VALLEY, CA 93924

Title: STD () Delete
Name: HANNA, RICHARD E
Address: P O BOX 340 N/A
City-St-Zip: LAWAI, KA 76765

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:

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: CYNTHIA D'VINCENT

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date