

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001241

**Entity Name:** MATLACHA MARINERS, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

PO BOX 21  
MATLACHA, FL 33993

**FEI Number:** 02-0635879

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOLLIVER, JERRY  
4618 PINE ISLAND ROAD  
#1  
MATLACHA, FL 33993 US

*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

**Officer/Director Detail :**

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

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

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

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

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

Title D  
Name REED, WAYNE  
Address 13350 MORNINGSTAR LN  
City-State-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

**TREASURER**

**02/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date