

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729614

FILED
Apr 20, 2009
Secretary of State

Entity Name: CAPSTAN I, INCORPORATED

Current Principal Place of Business:

2400 SOUTH OCEAN DRIVE
FORT PIERCE, FL 349495018

New Principal Place of Business:

2400 SOUTH OCEAN DRIVE
FORT PIERCE, FL 34949

Current Mailing Address:

PO BOX 12597
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: 59-1559252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
C/O KENNETH S. DIREKTOR
625 N FLAGLER DR 7TH FL
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

MARY R. HARVEY, ESQUIRE
850 NW FEDERAL HIGHWAY
STUART,, FL 34994 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: MARY R. HARVEY, ESQUIRE

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: VOGT, ROGER
Address: PO BOX 12597
City-St-Zip: FORT PIERCE, FL 34979

Title: SD () Delete
Name: LEE, JERRY
Address: P.O. BOX 12597
City-St-Zip: FORT PIERCE, FL 34979

Title: PD () Delete
Name: SENN, WILLIAM
Address: P.O. BOX 12597
City-St-Zip: FORT PIRCE, FL 34970

Title: VD () Delete
Name: CANTLEY, WALTER
Address: P.O. BOX 12597
City-St-Zip: FORT PIERCE, FL 34979

Title: D () Delete
Name: OEHL, DANIEL
Address: P.O. BOX 12597
City-St-Zip: FORT PIERCE, FL 34979

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:

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: WILLIAM SENN

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date