

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007907

FILED
Apr 07, 2009
Secretary of State

Entity Name: MARINER'S POINTE I.S.C.A, INC.

Current Principal Place of Business:

19829 GULF BOULEVARD
INDIAN SHORES, FL 33785

New Principal Place of Business:

Current Mailing Address:

C/O S/3 CONSULTING GROUP LLC
19534 GULF BLVD #202
INDIAN SHORES, FL 33785 US

New Mailing Address:

FEI Number: 59-3756009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM
19534 GULF BLVD
#202
INDIAN SHORES, FL 33785 US

Name and Address of New Registered Agent:

SMITH, WILLIAM F
19534 GULF BLVD
#202
INDIAN SHORES, FL 33785 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: WILLIAM F SMITH

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAKE, DAVID A
Address: 19829 GULF BLVD. #104
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: STD () Delete
Name: BRADY, ROBERT
Address: 19829 GULF BLVD # 702
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: VD () Delete
Name: BATES, EDWARD
Address: 26 SPRINGFIELD PIKE
City-St-Zip: CINCINNATI, OH 45215 US

Title: VD () Delete
Name: JACKSON, STEVE
Address: 19829 GULF BLVD #204
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: VD () Delete
Name: BARLOW, JAN
Address: 1501 GRASSLANDS BLVD #69
City-St-Zip: LAKELAND, FL 33803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GLENN, DARRYL T
Address: 6980 HIDDEN OAKS CIRCLE
City-St-Zip: CLEARWATER, FL 33764 US

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: ROBERT BRADY

STD

04/07/2009

Electronic Signature of Signing Officer or Director

Date