2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# N05000009693

Entity Name: MARCO ISLAND DISASTER FUND, INC.

Current Principal Place of Business:

247 NORTH COLLIER BLVD STE 202
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

247 NORTH COLLIER BLVD STE 202
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 20-3497227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, WILLIAM G ESQ
247 NORTH COLLIER BLVD STE 202
MARCO ISLAND, FL 34145 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: D ( ) Delete
Name: LOVE, CINDY
Address: 47 TAHITI ROAD
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete
Name: MORRIS, WILLIAM G
Address: 247 N COLLIER BLVD STE 202
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete
Name: OLSON, ROBERT
Address: 900 MONTEGO COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete
Name: KEUTMANN, LINDA
Address: 7300 CARDUCCI COURT
City-St-Zip: NAPLES, FL 34114

Title: D ( ) Delete
Name: GIBSON, JERRY
Address: 2041 SAN MARCO ROAD
City-St-Zip: MARCO ISLAND, FL 34145

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 G. MORRIS D 04/25/2008

Electronic Signature of Signing Officer or Director — Date