2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N07000011483

Entity Name: IN RIVER OR OCEAN,INC.

Current Principal Place of Business:

4918 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4918 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 30-0457106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, GARY
4918 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210 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: ROBERTS, GARY
Address: 4918 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD ( ) Delete
Name: MEYER, ELIZABETH
Address: 2901 CLAIRE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD ( ) Delete
Name: PARKER, WILLIAM
Address: 4839 RIVER BASIN DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD ( ) Delete
Name: LUDWIG, CARL
Address: 6830 OAKWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: PITMAN, JERE
Address: 4620 ARAPAHOE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

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: GARY A ROBERTS PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date