

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000300

FILED
Feb 19, 2009
Secretary of State

Entity Name: ISLAND SENIORS, INC.

Current Principal Place of Business:

ISLAND SENIOR CENTER
2401 LIBRARY WAY
SANIBEL ISLAND, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

800 DUNLOP ROAD
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-0372291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOEDER, ANN
625 LAKE MUREX CIRCLE
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

SMITH, CHRISTL
671 RABBIT ROAD
SANIBEL, FL 33957 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: CHRISTL SMITH

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CHRISTL, SMITH
Address: 671 RABBIT ROAD
City-St-Zip: SANIBEL, FL 33957

Title: P () Delete
Name: MASCARI, BARBARA
Address: 1866 ARDSLEY WAY
City-St-Zip: SANIBEL, FL 33957

Title: VP () Delete
Name: WELCH, YOLANDE
Address: 1995 ROSEGATE LN
City-St-Zip: SANIBEL, FL 33957

Title: S () Delete
Name: MOEDER, ANN
Address: 625 LAKE MUREX CIRCLE
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SMITH, CHRISTL
Address: 671 RABBIT ROAD
City-St-Zip: SANIBEL, FL 33957

Title: P (X) Change () Addition
Name: BUTLER, DEBORAH
Address: 740 ELINOR WAY
City-St-Zip: SANIBEL, FL 33957

Title: VP (X) Change () Addition
Name: FALLON, CAROLE ANNE
Address: 3025 TURTLE GAIT LANE
City-St-Zip: SANIBEL, FL 33957

Title: S (X) Change () Addition
Name: REID, KATIE
Address: 820 EAST GULF DRIVE #101
City-St-Zip: SANIBEL, FL 33957

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: CHRISTL SMITH

T

02/19/2009

Electronic Signature of Signing Officer or Director

Date