2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N97000000374

Entity Name: ISLAND DOLPHIN CARE, INC.

Current Principal Place of Business:

150 LORELANE PLACE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

POB 1288
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0728047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUPINO, JAMES S
90130 OLD HIGHWAY
TAVERNIER, FL 33070 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: HOAGLAND, DEENA
Address: 67 BASS AVENUE
City-St-Zip: KEY LARGO, FL 33037

Title: DT ( ) Delete
Name: OTTA FITZDAM, WAYNE
Address: 19890 SW 272 ST
City-St-Zip: HOMESTEAD, FL 33034

Title: D ( ) Delete
Name: LUPINO, JAMES S
Address: 90130 OLD HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete
Name: BURKE, REDMOND P DR.
Address: 3200 S.W. 60TH COURT-SUITE 102
City-St-Zip: MIAMI, FL 331554069

Title: D ( ) Delete
Name: ELLISON, DR. PAUL
Address: 100360 OVERSEAS HWY
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete
Name: LINDEBLAD, SUE
Address: 10330 SW 96TH ST
City-St-Zip: MIAMI, FL 33176

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:

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: DEENA HOAGLAND D 06/23/2009
Electronic Signature of Signing Officer or Director — Date