

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000374

FILED
Mar 15, 2011
Secretary of State

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 ()

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
Name: HOAGLAND, DEENA
Address: 67 BASS AVENUE
City-St-Zip: KEY LARGO, FL 33037

Title: D
Name: KAHN, STUART
Address: 2434 ROUTE 9G
City-St-Zip: STAATSBURG, NY 12580

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DEENA HOAGLAND

D

03/15/2011

Electronic Signature of Signing Officer or Director

Date