

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715245 (7)
1. Corporation Name
MERRITT ISLAND MIDGET FOOTBALL LEAGUE, INC.



Principal Place of Business: **119 A. MUSTANG WAY MERRITT ISLAND FL 32953**
Mailing Address: **119 A. MUSTANG WAY MERRITT ISLAND FL 32953**

3. Date Incorporated or Qualified: **09/13/1968**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		23-7085688	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BLOCK, IRV 1520 GIRARD BLV MERRITT ISLAND FL 32952				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLURE, BARBARA			1.2 NAME	PADRICK, EVA		
STREET ADDRESS	2610 VIA SAN MARION			1.3 STREET ADDRESS	1108 JAPONICA LN		
CITY-ST-ZIP	MERRITT ISLAND FL			1.4 CITY-ST-ZIP	COCOA, FL 32922		
TITLE	ED	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOCK, IRV			2.2 NAME			
STREET ADDRESS	1520 GIRARD BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32952			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ARTHUR			3.2 NAME	HACKNEY, EARL		
STREET ADDRESS	560 HERON DR.			3.3 STREET ADDRESS	465 OXFORD AVE		
CITY-ST-ZIP	MERRITT ISLAND FL			3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953		
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCARBOROUGH, DENISE			4.2 NAME	SMITH, ARTHUR		
STREET ADDRESS	1150 REDWOOD			4.3 STREET ADDRESS	5660 HERON DR.		
CITY-ST-ZIP	MERRITT ISLAND FL			4.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEGREGIAN, ANNITA			5.2 NAME			
STREET ADDRESS	480 GAILS WAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irvin Block IRV BLOCK 6/24/96 (407) 453-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)