

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
119 A. MUSTANG WAY MERRITT ISLAND FL 32953
PO BOX 540394 MERRITT ISLAND FL 32953 US

3. Date Incorporated or Qualified
09/13/1968
4. FEI Number 23-7085688
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ANNITA MEGREGIAN
480 GAILS WAY
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent
81 Name RHONDA HINDS
82 Street Address (P.O. Box Number is Not Acceptable) 1835 N. BANANA RIVER DR
83
84 City MERRITT ISLAND FL 85 Zip Code 32952

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 *Ronald D. Smith* TREASURER DATE 4/17/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PADRICK, EVA	
STREET ADDRESS	1108 JAPONICA LN	
CITY-ST-ZIP	COCA FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	BLOCK, IRV	
STREET ADDRESS	1520 GIRARD BLVD	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FACKNEY, EARL	
STREET ADDRESS	465 OXFORD AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ARTHUR	
STREET ADDRESS	5680 HERON DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MEGREGIAN, ANNITA	
STREET ADDRESS	480 GAILS WAY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN MC PHILAMY	
1.3 STREET ADDRESS	1430 S. BELFORD CRT	
1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TIM MURRAY	
4.3 STREET ADDRESS	805 RICHMOND AVE	
4.4 CITY-ST-ZIP	MERRITT ISL, FL 32953	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RHONDA HINDS	
5.3 STREET ADDRESS	1835 N. BANANA RIVER DR	
5.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ronald D. Smith* DATE 4/21/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/97)