


FILE NOW: FILING FEE IS \$61.25

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90105 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 715245 1. Corporation Name MERRITT ISLAND MIDGET FOOTBALL LEAGUE, INC.		
Principal Place of Business 119 A. MUSTANG WAY MERRITT ISLAND FL 32953	Mailing Address PO BOX 540384 MERRITT ISLAND FL 32953 US	



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4	4. FEI Number	Applied For	
22	City & State	27	City & State		23-7085688	Not Applicable	
23	Zip	28	Zip	5	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
24	Country	29	Country	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANNITA MEOBEGIAN 400 GAILS WAY MERRITT ISLAND FL 32952				81	Name Rhonda Hinds		
				82	Street Address (P.O. Box Number is Not Acceptable) 300 Magnolia Ave Suite A		
				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: Rhonda Hinds DATE: 4/15/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHILAMY, J	1.2 NAME	Denise Truders
STREET ADDRESS	1430 S BELFORD CT	1.3 STREET ADDRESS	189 Oak Grove Lane
CITY-ST-ZIP	MERRITT ISLAND FL 32952	1.4 CITY-ST-ZIP	Merritt Island 32952
TITLE	ED <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, IRV	2.2 NAME	Tim Murray
STREET ADDRESS	1520 GIRARD BLVD	2.3 STREET ADDRESS	805 Richland Ave
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	2.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FACKNEY, EARL	3.2 NAME	Dennis Dougherty
STREET ADDRESS	465 OXFORD AVE	3.3 STREET ADDRESS	2370 Palm Lake Dr
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	Merritt Island FL 32952
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, TIM	4.2 NAME	Don Skinner
STREET ADDRESS	805 RICHLAND AVE	4.3 STREET ADDRESS	1505 SOUTH OAKS DR
CITY-ST-ZIP	MERRITT ISLAND FL 32953	4.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HINDS, R	5.2 NAME	
STREET ADDRESS	1835 N BANANA RIVER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Rhonda L. Hinds DATE: 4/15/99 407-454-2266 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0020787

CR2E037 (1/1/98)