FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **715245** **(7)**

1. Corporation Name

MERRITT ISLAND MIDGET FOOTBALL LEAGUE, INC.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **09/13/1968**
3a. Date of Last Report: **07/13/1994**
4. FEI Number: **23-7085688** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLOCK, IRV
1520 GIRARD BLV
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	11 TITLE	SD	☒ Change ☐ Addition
NAME	BODENBERGER, DEBBIE	12 NAME	BARBARA McCLURE	
STREET ADDRESS	795 NEW HAMPTON WAY	13 STREET ADDRESS	2610 VIA SAN MARION	
CITY ST ZIP	MERRITT ISLAND FL	14 CITY ST ZIP	MERRITT IS. FL 32953	
TITLE	ED	21 TITLE		☐ Change ☐ Addition
NAME	BLOCK, IRV	22 NAME		
STREET ADDRESS	1520 GIRARD BLVD	23 STREET ADDRESS		
CITY ST ZIP	MERRITT ISLAND, FL 32952	24 CITY ST ZIP		
TITLE	VP	31 TITLE	VP	☒ Change ☐ Addition
NAME	BARFIELD, JIM	32 NAME	ARTHUR SMITH	
STREET ADDRESS	435 SIMS WAY	33 STREET ADDRESS	560 HERON DR.	
CITY ST ZIP	MERRITT ISLAND FL	34 CITY ST ZIP	MERRITT IS.,FL 32953	
TITLE	P	41 TITLE	P	☒ Change ☐ Addition
NAME	CAREW, WILLIAM	42 NAME	DENISE SCARBOROUGH	
STREET ADDRESS	1580 E. CRISIFULLI RD	43 STREET ADDRESS	1150 REDWOOD	
CITY ST ZIP	MERRITT ISLAND FL	44 CITY ST ZIP	MERRITT IS.,FL 32952	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	MEGREGIAN, ANNITA	52 NAME		
STREET ADDRESS	480 GAILS WAY	53 STREET ADDRESS		
CITY ST ZIP	MERRITT ISLAND FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Irv Block 5-1-95 407/453-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Irv Block

0036423