

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

FILED

95 JAN 23 10 31

DOCUMENT # 726598 (6)

1. Corporation Name

MERRITT ISLAND EXECUTIVE COUNCIL, INC.

Principal Place of Business

Mailing Address

650 PAULA AVE
MERRITT ISLAND FL 32952

1670 SANDPIPER ST.
MERRITT ISLAND FL 32952
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1973

3a. Date of Last Report

04/28/1994

4. FEI Number

59-1961854

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1725 S. Merrimac Dr.

22 City & State

27 Suite, Apt. #, etc.

City & State

23 Zip

Country

28 MERRITT ISLAND, FL.

Zip

Country

24

25

29 32952

30 U.S.A.

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

CHOPE ROBERT L
1670 SANDPIPER ST
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

ROSEMARIE FLORES

82 Street Address (P.O. Box Number is Not Acceptable)

1725 S. Merrimac Drive

83

84 City

MERRITT ISLAND,

FL

85 Zip Code

32952

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 ROSEMARIE FLORES, Treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

January 16, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

MUNDHENK, JAMES

STREET ADDRESS

650 PAULA

CITY-ST-ZIP

MERRITT ISLAND FL 32952

TITLE

V

NAME

LAMBERS, MARIAN

STREET ADDRESS

1180 MONTEGO BAY DRIVE

CITY-ST-ZIP

MERRITT ISLAND FL

TITLE

T

NAME

FLORES, ROSEMARY

STREET ADDRESS

2725 S MERRIMAN DR.

CITY-ST-ZIP

MERRITT ISLAND FL

TITLE

D

NAME

FLORES, ADAM

STREET ADDRESS

1725 S. MERRIMAC DR

CITY-ST-ZIP

MERRITT ISLAND FL 32952

TITLE

S

NAME

BYRNE, SUE

STREET ADDRESS

4280 N. TROPICAL TRAIL

CITY-ST-ZIP

MERRITT ISLAND FL 32953

TITLE

D

NAME

ALLEN, STANLEY

STREET ADDRESS

1255 W. SCOTTS AVE.

CITY-ST-ZIP

MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/D

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

V/D

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

T/S/D

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

FLORES, ROSEMARIE

1725 S. MERRIMAC DR.

MERRITT ISLAND, FL., 32952

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

S

See Above.

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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: JAMES MUNDHENK, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Mundhenk

January 16, 1995 (407)452-3923

(Date)

(Telephone Number)