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 # **726598** **(6)**

1. Corporation Name

MERRITT ISLAND EXECUTIVE COUNCIL, INC.

Principal Place of Business	Mailing Address
650 PAULA AVE MERRITT ISLAND FL 32952	1725 S. MERRIMAC DR. MERRITT ISLAND FL 32952 US

3. Date Incorporated or Qualified: 06/04/1973	3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-1961854	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLORES, ROSEMARIE
1725 S. MERRIMAC DRIVE
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 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 _____ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUNDHENK, JAMES		1.2 NAME		
STREET ADDRESS	650 PAULA		1.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LAMBERS, MARIAN		2.2 NAME		
STREET ADDRESS	1180 MONTEGO BAY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLORES, ROSEMARIE		3.2 NAME		
STREET ADDRESS	1725 S. MERRIMAC DRIVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FLORES, ADAM		4.2 NAME		
STREET ADDRESS	1725 S. MERRIMAC DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	MARIE VENICE	☐ Change ☒ Addition
NAME	BYRNE, SUE		5.2 NAME		
STREET ADDRESS	1725 S. MERRIMAC DRIVE.		5.3 STREET ADDRESS	513 SEACREST AVE	
CITY-ST-ZIP	MERRITT ISLAND FL		5.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, STANLEY		6.2 NAME		
STREET ADDRESS	1255 W. SCOTTS AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLSAND FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Rosemarie Flores 3-11-96 407 868-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #