

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90045 021 ****61.25

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DOCUMENT # 726598

1. Corporation Name

MERRITT ISLAND EXECUTIVE COUNCIL, INC.

Principal Place of Business

**650 PAULA AVE
MERRITT ISLAND FL 32953-6119
US**

Mailing Address

**P O BOX 540553
MERRITT ISLAND FL 32953-5405
US 32954-0553**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/04/1973

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

9. Name and Address of Current Registered Agent

**MUNDHENK, J F
650 PAULA AVE
MERRITT ISLAND FL 32953-6119**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ALLEN, STANLEY D**
STREET ADDRESS **1255 W SCOTS AVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **VD** ☐ DELETE

NAME **CHOPE, ROBERT L**
STREET ADDRESS **1670 SANDPIPER ST**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **TD** ☐ DELETE

NAME **MUNDHENK, J F**
STREET ADDRESS **650 PAULA AVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **SD** ☐ DELETE

NAME **THOMAS, CAROLYN A**
STREET ADDRESS **830 WAIKIKI DR**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **D** ☐ DELETE

NAME **CARRELL, JOHN**
STREET ADDRESS **810 MONTEGO BAY**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **D** ☒ DELETE

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 upon an attachment with an address, with all other like empowered.

SIGNATURE J. F. MUNDHENK, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
Date

(407) 452-3923
Daytime Phone #

CR2E037 (11/98)