2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # 726598 02-12-2004 90013 044 ****61.25 MERRITT ISLAND EXECUTIVE COUNCIL, INC. Principal Place of Business Mailing Address 650 PAULA AVE P 0 BOX 540553 MERRITT ISLAND, FL 32953-6119 US MERRITT ISLAND, FL 32954-0553 US 2. Principal Place of Business Mailing Address P.O. BOX 40553 BLUD ANAIC 082 Suite, Apt. #, etc. 01062004 Chg-NP CR2E037 (10/03) Applied For City & State 4. FEI Number 59-1961854 **SLAND** UBRRITT Not Applicable \$8.75 Additional 5. Certificate of Status Desired リンみ USA Fee Required 6. Name and Address of Current Registered Ag 7. Name and Address of New Registered Agent RUDY SBIFFER MUNDHENK, JF 650 PAULA AVE MERRITT ISLAND, FL 32953 MERRITT ISLAND 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRESIDENT PΩ TITLE TITLE Delete BARDARA MADLEY BENH 3763 SIERRA DRIVE KNITTEL PAUL NAME NAME 260 MADRID COURT STREET ADDRESS STREET ADDRESS WERRITT ISLAND, FL. 32953 CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-7IP Delete TITLE *Change ☐ Addition NN F RUDY SEIFFER SEVE NAME MUNDHENK, J F NAME 650 PAULA AVE STREET ADDRESS STREET ADDRESS MERRITT ISLAND, FL. 32953 CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP SD TILE ☐ Delete TITLE Change ■ Addition THOMAS, CAROLYN A NAME. NAME STREET ADDRESS 830 WAIKIKI DR STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-Z#P TITI F TITLE ☐ Delete ☐ Change Addition 1 JOHN UP NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP 12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address with all other like empowered. SIGNATURE:

FILED

Feb 12, 2004 8:00 am