


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90097 025 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                                                                                                                     |                                                                                                   |                                                                                                                                      |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 726598</b><br>1. Entity Name<br><b>MERRITT ISLAND EXECUTIVE COUNCIL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                     |                                                                                                   |                                                     |                                                                              |
| Principal Place of Business<br><b>380 DIANA BLVD</b><br><b>MERRITT ISLAND, FL 32953 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                                                                     | Mailing Address<br><b>P O BOX 540553</b><br><b>MERRITT ISLAND, FL 32954-0553 US</b>               |                                                                                                                                      |                                                                              |
| 2. Principal Place of Business<br><b>MI LIBRARY</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                       |                                                                                                   |                                                                                                                                      |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   | City & State                                                                                                        |                                                                                                   | 4. FEI Number<br><b>59-1961854</b>                                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | Country                                                                                                             |                                                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>SEIFFER, RUDY</b><br><b>380 DIANA BLVD</b><br><b>MERRITT ISLAND, FL 32953</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                     |                                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                              |
| 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 the obligations of registered agent.<br><br>SIGNATURE <u>Rudy Seiffer</u> DATE <u>4-11-05</u><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                               |                                                                                                   |                                                                                                                     |                                                                                                   |                                                                                                                                      |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                   | <b>Make check payable to Florida Department of State</b>                                                                             |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                      |                                                                                                                                      |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>P</b><br><b>BEHN, BARBARA B</b><br><b>3763 SEIRRA DRIVE</b><br><b>MERRITT ISLAND, FL 32953</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <b>P</b><br><b>BENN, BARBARA B</b><br><b>3763 SEIRRA DRIVE</b><br><b>MERRITT ISLAND, FL 32953</b> | <input type="checkbox"/> Delete                                                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>T</b><br><b>SEIFFER, RUDY</b><br><b>380 DIANA BLVD</b><br><b>MERRITT ISLAND, FL 32953</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  |                                                                                                   | <input type="checkbox"/> Delete                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>SD</b><br><b>FURRU, CHRIS</b><br><b>1235 W SCOTTS AVE</b><br><b>MERRITT ISLAND, FL 32952</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  |                                                                                                   | <input type="checkbox"/> Delete                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>VP</b><br><b>VEHICE, JOHN</b><br><b>513 SEACREST AVE</b><br><b>MERRITT ISLAND, FL 32952</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <b>VP</b><br><b>VEHICE, JOHN</b><br><b>513 SEACREST AVE.</b><br><b>MERRITT ISLAND, FL 32952</b>   | <input type="checkbox"/> Delete                                                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  |                                                                                                   | <input type="checkbox"/> Delete                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  |                                                                                                   | <input type="checkbox"/> Delete                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                   |                                                                                                                     |                                                                                                   |                                                                                                                                      |                                                                              |
| SIGNATURE: <u>Rudy Seiffer</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | Date <u>4-11-05</u> Daytime Phone # <u>321-452-8376</u>                                                             |                                                                                                   |                                                                                                                                      |                                                                              |