2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT #726598 03-15-2007 90023 025 ****61.25 1. Entity Name MERRITT ISLAND EXECUTIVE COUNCIL, INC. Principal Place of Business Mailing Address 40000000 380 DIANA BLVD P O BOX 540553 MERRITT ISLAND, FL 32954-0553 US MERRITT ISLAND, FL 32953 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Cha-NP CR2E037 (12/06) Applied For 4. FEI Number City & State City & State 59-1961854 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEIFFER, RUDY Street Address (P.O. Box Number is Not Acceptable) 380 DIANA BLVD MERRITT ISLAND, FL 32953 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change Addition ☐ Delete TITLE TITLE NAME BENN, BARBARA B NAME 3763 SEIRRA DRIVE STREET ADDRESS STREET ADDRESS MERRITT ISLAND, FL 32953 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE SEIFFER, RUDY HAME NAME STREET ADDRESS 380 DIANA BLVD STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP ☐ Change ☐ Addition VP ☐ Delete TITLE VENICE, JOHN NAME STREET ADDRESS **513 SEACREST AVE** STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-ZIP SECRETARY Change Addition TITLE ☐ Delete TITLE SUE GUTHRIDGE 2140 LEEWARD LAND NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

G OFFICER OR DIRECTOR

FILED

Mar 15, 2007 8:00 am