


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90037 021 ****61.25

DOCUMENT # 726598	
1. Entity Name MERRITT ISLAND EXECUTIVE COUNCIL, INC.	

Principal Place of Business 380 DIANA BLVD MERRITT ISLAND, FL 32953 US	Mailing Address P O BOX 540553 MERRITT ISLAND, FL 32954-0553 US
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60024906



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1961854	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEIFFER, RUDY 380 DIANA BLVD MERRITT ISLAND, FL 32953		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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.	
SIGNATURE <i>Rudy Seiffer</i>	DATE 4-14-08
<small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENN, BARBARA B			NAME			
STREET ADDRESS	3763 SEIRRA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEIFFER, RUDY			NAME	JOHN RYAN		
STREET ADDRESS	380 DIANA BLVD			STREET ADDRESS	941 SPANISH CAN DR		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			CITY-ST-ZIP	MERRITT ISLAND FL 32952		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VENICE, JOHN			NAME			
STREET ADDRESS	513 SEACREST AVE			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32952			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTHRIDGE, SUE			NAME			
STREET ADDRESS	2140 LEEWARD LANE			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.

SIGNATURE: <i>Barbara Benn</i>	BARBARA BRADLEY-BENN	4-14-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR</small>		<small>Date</small>
		<small>Daytime Phone #</small> 321-452-5520