

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735400 (4)

1. Corporation Name

MERRITT ISLAND ROTARY FOUNDATION INC.



Principal Place of Business

Mailing Address

P. O. BOX 541122
MERRITT ISLAND FL 32954

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MERRITT ISLAND FL 32954

3. Date Incorporated or Qualified 03/26/1976	3a. Date of Last Report 02/06/1995
4. FEI Number 59-1688326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABANISS, BARRY
100 PARNELL ST.
MERRITT ISLAND FL 32952

81 Name MARK Hobbs	85 Zip Code 32952
82 Street Address (P.O. Box Number is Not Acceptable) 800 S BANANA RIVER RD	
83 MERRITT ISL FL 32952	
84 City FL	

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

7/11/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	P/D
NAME	HAWKS, DAVID	1.2 NAME	Tom Sisseron
STREET ADDRESS	145 UTOPIA CIRCLE	1.3 STREET ADDRESS	230 FORTENBERRY RD
CITY-ST-ZIP	MERRITT ISLAND FL 32952	1.4 CITY-ST-ZIP	MERRITT ISL FL 32952
TITLE	VP/D	2.1 TITLE	VP/D
NAME	SISSERSON, TOM	2.2 NAME	MARK Hobbs
STREET ADDRESS	230 FORTENBERRY RD	2.3 STREET ADDRESS	800 S. BANANA RIVER RD
CITY-ST-ZIP	MERRITT ISLAND FL 32952	2.4 CITY-ST-ZIP	MERRITT ISL FL 32952
TITLE	T/D	3.1 TITLE	T/D
NAME	BONBNBERGER, GREG	3.2 NAME	BRAD ALEXANDER
STREET ADDRESS	795 NEW HAMPTON WAY	3.3 STREET ADDRESS	131 S. COURTENAY PKWY
CITY-ST-ZIP	MERRITT ISLAND FL 32952	3.4 CITY-ST-ZIP	MERRITT ISL FL 32952
TITLE	S/D	4.1 TITLE	S/D
NAME	CABANISS, BARRY U	4.2 NAME	m chole VARGAS
STREET ADDRESS	100 PARNELL ST.	4.3 STREET ADDRESS	1910 S4KOS CREEK RD
CITY-ST-ZIP	MERRITT ISLAND FL 32953	4.4 CITY-ST-ZIP	MERRITT ISL FL 32953
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/96 407 636-0496

CR2E037 (3/96)