

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

P. O. BOX 541122
MERRITT ISLAND FL 32954-1122



3. Date Incorporated or Qualified
03/26/1976

3a. Date of Last Report
07/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-1688326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOBBS, MARK
800 S BANANA RIVER DR
MERRITT ISLAND FL 32952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 provisions 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	SISSERSON, TOM	
STREET ADDRESS	230 FORTENBERRY RD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOBBS, MARK	
STREET ADDRESS	800 S BANANA RIVER DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, BRAD	
STREET ADDRESS	131 S COURENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	VARGAS, MICHELLE U	
STREET ADDRESS	1910 SYKOS CREEK DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	R/ President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARRY CABANISS	
1.3 STREET ADDRESS	100 PARNEIL ST	
1.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRISH DINEY	
2.3 STREET ADDRESS	343 N. TROPICAL TRAIL #301	
2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRENDA MULBERRY	
3.3 STREET ADDRESS	2350 LAKE FRONT CT	
3.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVE GLASSMAN	
4.3 STREET ADDRESS	1970 MICHIGAN AVE "C"	
4.4 CITY-ST-ZIP	COCCO FL 32926	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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

3/20/97 BARRY 453-0010

Date

Daytime Phone # 0020196

CR2E037 (9/96)