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**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90064 050 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 735400**

1. Corporation Name

**MERRITT ISLAND ROTARY FOUNDATION INC.**

Principal Place of Business

P. O. BOX 541122  
 MERRITT ISLAND FL 32954

Mailing Address

P. O. BOX 541122  
 MERRITT ISLAND FL 32954



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

**03/26/1976**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-1688326**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

24

25

29

30

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D/P** ☒ DELETE  
 NAME **SISSERSON, TOM**  
 STREET ADDRESS **230 FORTENBERRY RD**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

1.1 TITLE **DIRECTOR/SEC** ☐ Change ☐ Addition  
 1.2 NAME **BILL FREDERICK**  
 1.3 STREET ADDRESS **131 S. COURTENAY PKWY**  
 1.4 CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **VP DIRECTOR** ☐ DELETE  
 NAME **HOBBS, MARK**  
 STREET ADDRESS **800 S BANAA RIVER DR**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

2.1 TITLE **TREAS.** ☐ Change ☐ Addition  
 2.2 NAME **LEIF BORRESEN**  
 2.3 STREET ADDRESS **1700 HARBOR OAKS - PL**  
 2.4 CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **TP** ☒ DELETE  
 NAME **MULBERRY, BRENDA**  
 STREET ADDRESS **6116 N. COURTENAY PKWY**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

3.1 TITLE **DIRECTOR** ☐ Change ☐ Addition  
 3.2 NAME **JEAN BOBINSKI**  
 3.3 STREET ADDRESS **1345 N. COURTENAY PKWY**  
 3.4 CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE **DP** ☒ DELETE  
 NAME **CABANISS, BARRY**  
 STREET ADDRESS **100 PARNELL ST**  
 CITY-ST-ZIP **MERRITT ISLAND FL**

4.1 TITLE **DIRECTOR** ☐ Change ☐ Addition  
 4.2 NAME **REGIS JOHNS**  
 4.3 STREET ADDRESS **1941 MICHIGAN AV. B**  
 4.4 CITY-ST-ZIP **COCONA, FL 32926**

TITLE **VP PRESIDENT/DIRECTOR** ☐ DELETE  
 NAME **OLNEY, TRISH**  
 STREET ADDRESS **343 N TROPICAL TRAIL, #301**  
 CITY-ST-ZIP **MERRITT ISLAND FL**

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)