


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90272 043 ****61.25

DOCUMENT # 735400	
1. Entity Name	
MERRITT ISLAND ROTARY FOUNDATION INC.	

Principal Place of Business	Mailing Address
P. O. BOX 541122 MERRITT ISLAND FL 32954	P. O. BOX 541122 MERRITTISLAND FL 32954

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number		Applied For	
59-1688326		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOBINSKI, JEAN 1365 N. COURTENAY PARKWAY 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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	SD <i>Secretary</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOLINE	NAME	
STREET ADDRESS	715 N COURTNEY PKWY	STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL 32953	CITY - ST - ZIP	
TITLE	PED <i>President</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTUNG, KAREN	NAME	
STREET ADDRESS	905 N COURTNEY PKWY	STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL 32953	CITY - ST - ZIP	
TITLE	PE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAVALA, PAUL	NAME	
STREET ADDRESS	982 BEEVARD AVENUE	STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL 32955	CITY - ST - ZIP	
TITLE	TD <i>President Elect</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNENBERGER, GREG	NAME	
STREET ADDRESS	91 E MERRITT ISLAND CSWY	STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL 32952	CITY - ST - ZIP	
TITLE	J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Treasurer
STREET ADDRESS		STREET ADDRESS	Joseph D. McBride Jr.
CITY - ST - ZIP		CITY - ST - ZIP	311 Magnolia Ave
			Merritt Island, FL 32952
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 exemption stated in Section 119.07(3)(i), 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: *Joseph D. McBride Jr.* **4/8/04** **321-449-4012**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #