

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002824

FILED
Apr 07, 2009
Secretary of State

Entity Name: MERRITT ISLAND SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

445 E MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

PO BOX 540127
MERRITT ISLAND, FL 329541255

New Mailing Address:

FEI Number: 59-3688129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERDMAN, MIKE
445 E MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ERDMAN, MIKE
Address: 445 E. MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: BAXTER, BETH
Address: 116 OAK GROVE LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: C () Delete
Name: WALDRON, MIKE
Address: 1770 HARBOR OAKS PLACE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ERDMAN, MIKE
Address: 445 E. MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: ZEAKE, CARL
Address: 1080 MERCEDES DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Change (X) Addition
Name: BELL, TED
Address: 788 CARRIAGE LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: P () Change (X) Addition
Name: ANDERSON, SEAN
Address: 445 BELLA CAPRI
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL H. ERDMAN

TD

04/07/2009

Electronic Signature of Signing Officer or Director

Date