2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N36843

1. Entity Name
MERCHANTS OF FLAGLER AVENUE, INC.

Principal Place of Business
C/O FRAN BREMER
401 FLAGLER AVE
NEW SMYRNA BEACH, FL 32169 US

Mailing Address
401 FLAGLER AVE
NEW SMYRNA BEACH, FL 32169 US

01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1724141 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, M
417 FLAGLER
NEW SMYRNA BEACH, FL 32169

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000303152
04/13/05-80099-020 70.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WALTERS, MARIKE
STREET ADDRESS	417 FLAGLER AVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	DP
NAME	ALETTI HUDSON, ADELE
STREET ADDRESS	314 FLAGLER AVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	S
NAME	HARVEY, JOAN E
STREET ADDRESS	315 ESTHER AVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Marike Walters 4/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #