## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N36843

FILED Jan 13, 2009 Secretary of State

| Entity Nai                                    | me: MERCHANTS OF FL  | AGLER AVENUE,     | , INC.                                      | •  |  |
|---|--|-------------------|---|--|--|
| Current Principal Place of Business:          |  |                   | New Principal Place                         | New Principal Place of Business:             |  |
| 401 FLAGI                                     | I BREMER<br>LER AVE<br>'RNA BEACH, FL 32169  | US                |   |  |  |
| Current Mailing Address:                      |  |                   | New Mailing Addres                          | New Mailing Address:                         |  |
| 401 FLAGI<br>NEW SMY                          | LER AVE<br>'RNA BEACH, FL 32169  | US                |   |  |  |
| FEI Number:                                   | : 52-1724141 FEI Numbe   | r Applied For()   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                   | Name and Address                            | Name and Address of New Registered Agent:    |  |
| 401 FLAĞI                                     | FRANCES G<br>LER<br>RNA BEACH, FL 32169  | US                |   |  |  |
|   | named entity submits this<br>e of Florida.   | statement for the | purpose of changing its registere           | ed office or registered agent, or both,      |  |
| SIGNATUI                                      | RE:  |                   |   |  |  |
|   | Electronic Signature   | of Registered Ag  | ent   | Date   |  |
| OFFICERS AND DIRECTORS:                       |  |                   | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | T () Delete<br>BREMER, FRANCES G<br>401 FLAGLER AVE<br>NEW SMYRNA BEACH, FL 3      | 2169              | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DP ( ) Delete<br>ALETTI HODSON, ADELE<br>314 FLAGLER AVE<br>NEW SMYRNA BEACH, FL 3 | 2169              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | S ( ) Delete<br>HARVEY, JOAN E<br>315 ESTHER AVE<br>NEW SMYRNA BEACH, FL 3         | 2169              | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

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: FRANCES G BREMER T 01/13/2009