FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400002384 (5)

MERRITT ISLAND PROJECT GRADUATION, INC.

Principal Place	of Business	Mailing Address				
96 WILLARD	ST	96 WILLARD ST				
SUITE 302	••	SUITE 302				
COCOA FL 32	2922	COCOA FL 32922		3. Date Incorporated or Qualified	3a. Date of Last Report	
				05/09/1994	05/01/1995	
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3243855	Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		E Outilizate of Otal or Desired	\$8.75 Additional	
22		27		Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zıp	Country	8. This corporation has liability for in		
24	25		30		Yes X No	
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name	Sucan De Roca		
MYRICK.	BEVERLY		82 Street A	Susan De Rosa 82 Street Address (P.O. Box Number is Not Acceptable)		
1745 NEWFOUND HARBOR DR				340 Bimini Drive		
	ISLAND FL 32952		83			
			84 City		85 Zip Code	
			1 1 1	Merritt Island	FL 32052	
11. Pursuant t	o the provisions of Sections 617.0	0502 and 617.1508, Florida Statutes,	the above-named co	rporation submits this statement for the purp board of directors. I hereby accept the appoi	ose of changing its registered office	
or registere	ed agent, or both, in the State of I	Florida, Such Change was authorized Section 617 503, Florida Statutes.	by the corporation's I	board of directors. I hereby accept the appoi	ntment as registered agent. Fam	
	Susan De Rosa	MANAA N	10 Kas	n_	4/17/96	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Agent signature re		DATE	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 TITLE	Director	Change	
NAME	_MYRICK; BEVERLY		1.2 NAME	Susan De Rosa		
STREET ADDRESS	1745 NEWFOUND HARBO	o n dr	1.3 STREET ADDRESS	340 Bimini Drive		
CITY-ST-ZIP	MERRITT ISLAND FL 929	52	1.4 CITY-ST-ZIP	Merritt Island, FI	32052	
TITLE	D	DELETE	2.1 TITLE	Director	Thange □ Addition	
NAME	DANIELS, JANET		22 NAME	Tina Collier		
STREET ADDRESS	510 BELLA CAPRI DR		2 3 STREET ADDRESS	1988 Sykes Creek I)rivo	
CITY-ST-ZIP	MERRITI ISLAND FL 329	52_	2.4 CITY-ST-ZIP	Your the Toler D) 1 1 A G	
TITLE	D	☐ DELETE	3.1 TITLE	Merritt Island, FI	7 3 € Bhange □ Addition	
NAME	BLEICHER,-JOANNE		3.2 NAME	Director		
STREET ADDRESS	355-DUET-AVE		3.3 STREET ADDRESS	Cheryl Patronsky	34	
CITY-ST-ZIP	MERRITT ISLAND-FL-329	52	3.4 CITY-ST-ZIP	1745 Manatee Ct., FL, 32952	merrict island	
TITLE	D	DELETE	4.1 TITLE	Director	Change 🔲 Addition	
NAME	FRANKUN, DIANE		4. 2 NAME	Cindy Gillett		
STREET ADDRESS	320 PALM BLVD		4.3 STREET ADDRESS	1110 Two Oaks		
CHTY-ST-ZIP	MERRITT ISLAND FL 329	52	4.4 CITY-ST-ZIP	Merritt Island, FI	32952	
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			52 NAME			
STREET ADDRESS		· .	53 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I do hereb				alify for the exemption stated in Section 119.0 courate and that my signature shall have the		
oath: that	I am an officer or director of the o	corporation or the receiver or trustee :	empowerea to execut	te this report as required by Chapter 617, Flo	rida Statutes; and that my name	
appears in	i Block 12 or Block 13 if hanged	d, or on an attachment with an address	SS.		(407)	

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Susan De Rosa

4/17/96 Date

(407) 452-8634CR2E037 (12/95)