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Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002384 (5)

1. Corporation Name

MERRITT ISLAND PROJECT GRADUATION, INC.

Principal Place of Business

Mailing Address

96 WILLARD ST  
SUITE 302  
COCOA FL 32922

96 WILLARD ST  
SUITE 302  
COCOA FL 32922



3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

59-3243855

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSAN DE ROSA  
340 BIMINI DRIVE  
MERRITT ISLAND FL 32952

81 Name

JANET SHAFFER

82 Street Address (P.O. Box Number is Not Acceptable)

486 FALMOUTH AVE

83 MERRITT ISLAND

84 City

FL

85 Zip Code

32952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Janet H. Shaffer*

(NOTE: Registered Agent signature required when reinstating)

4/10/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME D  
STREET ADDRESS SUSAN DE ROSA  
CITY-ST-ZIP 340 BIMINI DRIVE  
MERRITT ISLAND FL

TITLE ☒ DELETE

NAME D  
STREET ADDRESS TINA COLLIER  
CITY-ST-ZIP 1988 SYKES CREEK DRIVE  
MERRITT ISLAND FL

TITLE ☒ DELETE

NAME D  
STREET ADDRESS CHERYL PARONSKY  
CITY-ST-ZIP 1745 MANATEE CT.  
MERRITT ISLAND FL

TITLE ☒ DELETE

NAME D  
STREET ADDRESS CINDY GILLET  
CITY-ST-ZIP 1110 TWO OAKS  
MERRITT ISLAND FL

TITLE ☒ DELETE

NAME D  
STREET ADDRESS SHAFFER, JANET H  
CITY-ST-ZIP 486 FALMOUTH AVE  
MERRITT ISLAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet H. Shaffer* / JANET SHAFFER

3/11/98

WM-452-7028

CR2E037 (10/97)