

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90062 018 ****70.00

DOCUMENT # N94000002384

1. Entity Name

MERRITT ISLAND PROJECT GRADUATION, INC.



Principal Place of Business

**100 MUSTANG WAY
MERRITT ISLAND FL 32953**

Mailing Address

**100 MUSTANG WAY
MERRITT ISLAND FL 32953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3243855**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MYRICK, BEBERLY
1475 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name

Linda Esposito

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

218 Sykes Point Lane

City

Merritt Island

FL

Zip Code

32953

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

Linda A. Esposito

Linda A. Esposito, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYRICK, BEVERLY P.	
STREET ADDRESS	1475 NEWFOUND HARBOR DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAXTER, JANE T	
STREET ADDRESS	1225 S. COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWARZ, DENISE	
STREET ADDRESS	1220 DANIEL CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, KEVAN	
STREET ADDRESS	588 HIDDEN HOLLOW DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheila Beal	
STREET ADDRESS	555 Bella Capri Drive	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renee Clary	
STREET ADDRESS	1371 Sanibel Lane	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Esposito	
STREET ADDRESS	218 Sykes Point Lane	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE OF REGISTERED AGENT

3-2-03 321-453-5932

CR2E037 (10/02)