
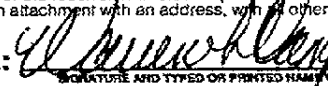


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004-08:00 AM
Secretary of State

DOCUMENT # N94000005425		
1. Entity Name MERRITT ISLAND WILDLIFE ASSOCIATION, INC.		
Principal Place of Business MERRITT ISLAND WILDLIFE REFUGE HQ STATE ROAD 402 TITUSVILLE, FL 32782 US		Mailing Address P.O. BOX 6504 TITUSVILLE, FL 32782
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CAMP, WARREN L MERRITT ISLAND WILDLIFE REFUGE HO STATE ROAD 402 TITUSVILLE, FL 32782		DO NOT WRITE IN THIS SPACE
2. 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMP, WARREN 3813 CHAMPION ROAD TITUSVILLE, FL 32796	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEBLANC, DANIEL SERVICES OF SPACE PT MAIL CODE NPS KSC, FL 32899	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEDERSON, JIM 4093 WOOLAND COURT MIMS, FL 32754	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNT, DARLEEN 125 W. CRISAFULLI RD MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 other like empowered.		
SIGNATURE:  WARREN L. CAMP		DATE: JAN 11, 2004 Daytime Phone # 321-267-5268