## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 23, 2006 8:00 am **Secretary of State** DOCUMENT # N94000005425 1. Entity Name 03-23-2006 90025 032 \*\*\*\*61.25 MERRITT ISLAND WILDLIFE ASSOCIATION, INC. Principal Place of Business Mailing Address MERRITT ISLAND WILDLIFE REFUGE HQ STATE ROAD 402 TITUSVILLE FL 32782 P.O. BOX 6504 TITUSVILLE FL 32782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3289841 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LE BLANC, 7150 DANIEL CAMP, WARREN L Sucer Address (20. Box Number is Not Acceptable HEADQUOHUS MERRITT ISLAND WILDLIFE REFUGE HO STATE ROAD 402 3.5 miles EAST, 58402 TITUSVILLE FL 32782 TITUSVILLE 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. - ;Ē SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11 PD TITLE ☐ Defete FILLE LEBLANC, DANIEL NAME NAME DELFWARE NORTH PARKS STREET ADDRESS STREET ADDRESS KSC FL 32922 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Delete TITLE ☐ Change Addition NAME SOLID, LEE NAME 765 RIVER OAKS LANE STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PEDERSON, JIM NAME STREET ADDRESS 4093 WOOLAND COURT STREET ADDRESS CITY-ST-ZIP MIMS FL 32754 CITY-ST-ZIP REYNOLDS, JOHL 4271 Hemlock Lake TITUSVIllt, FL 32780 Delete TITLE Change ☐ Addition NAME HUTCHISON, ROBERT NAME STREET ADDRESS 6170 WHISPERING LN STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition PEDERSON, JIM 4093 WOODLAND CT STREET ADDRESS STREET ADDRESS MIMS FL 32754 CITY-ST-70P CITY-ST-ZIF TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 trusteer 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.

**FILED**