

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005425

FILED
Apr 06, 2009
Secretary of State

Entity Name: MERRITT ISLAND WILDLIFE ASSOCIATION, INC.

Current Principal Place of Business:

MERRITT ISLAND WILDLIFE REFUGE HQ
STATE ROAD 402
TITUSVILLE, FL 32782 US

New Principal Place of Business:

MERRITT ISLAND WILDLIFE REFUGE VIC
STATE ROAD 402
TITUSVILLE, FL 32796 US

Current Mailing Address:

P.O. BOX 6504
TITUSVILLE, FL 32782

New Mailing Address:

P.O. BOX 2683
TITUSVILLE, FL 32781

FEI Number: 59-3289841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBLANC, DANIEL
MERRIT ISLAND NWR HEADQUARTERS
3.5 MILES EAST, SR402
TITUSVILLE, FL 32782 US

Name and Address of New Registered Agent:

LEBLANC, DANIEL
MERRIT ISLAND NWR VIC
3.5 MILES EAST, SR 402
TITUSVILLE, FL 32796 US

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.

SIGNATURE: JAMES PEDERSEN

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEBLANC, DANIEL
Address: DELFWARE NORTH PARKS
City-St-Zip: KSC, FL 32922

Title: VPD () Delete
Name: SOLID, LEE
Address: 765 RIVER OAKS LANE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD () Delete
Name: PEDERSON, JIM
Address: 4093 WOOLAND COURT
City-St-Zip: MIMS, FL 32754

Title: SD () Delete
Name: REYNOLDS, JOEL
Address: 4271 HEMLOCK LN
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEDERSEN, JAMES
Address: DELFWARE NORTH PARKS
City-St-Zip: KSC, FL 32922

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BUTTS, JAMES
Address: 1030 WATSON STREET
City-St-Zip: TITUSVILLE, FL 32791

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMESD BUTTS

TD

04/06/2009

Electronic Signature of Signing Officer or Director

Date