

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005716

FILED
Apr 30, 2007
Secretary of State

Entity Name: MERRITT PARK PLACE GROUP, INC.

Current Principal Place of Business:

PO BOX 541735
MERRITT ISLAND, FL 32954

New Principal Place of Business:

236 N GROVE ST
MERRITT ISLAND, FL 32953

Current Mailing Address:

PO BOX 541735
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 59-3310405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATOWICH, SANDRA E
321 PIONEER RD
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHANNON, DON
Address: PO BOX 541735
City-St-Zip: MERRITT ISLAND, FL 32954

Title: D () Delete
Name: KRING, BETH
Address: 291 N COURTENAY PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD () Delete
Name: LAMBKIN, CLAUDIA
Address: 236 N. GROVE ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T () Delete
Name: DOVER, GARY
Address: PO BOX 541735
City-St-Zip: MERRITT ISLAND, FL 32954

Title: S () Delete
Name: HANSON, DEENA
Address: 135 MYRTICE AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: HADDOCK, CONNIE
Address: 231 N. GROVE ST
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change () Addition
Name: ALWAYS BY THE NUMBER, S INC
Address: 350 TANGERINE AVE., SUITE 1
City-St-Zip: MERRITT ISLAND, FL 32953

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

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: LORA MCCABE

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date