


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

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005449		
1. Entity Name MERRITT ISLAND SWIM CLUB, INC.		
Principal Place of Business P.O. BOX 540175 MERRITT ISLAND, FL 32954 US		Mailing Address P.O. BOX 540175 MERRITT ISLAND, FL 32954 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GONZALEZ, JULIANNE 533 JILLOTUS ST MERRITT ISLAND, FL 32952		DO NOT WRITE IN THIS SPACE
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 _____ <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	TP PATTERSON, BILL 2205 CAPEVIEW ST MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DUMOULIN, MARIE 490 BELA CAPRI DRIVE MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIMONETOS, TED 3450 FELDA ST COCOA, FL 32926	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, JULIANNE 533 JILLOTUS ST. MERRITT ISLAND, FL 32952	
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 all other like empowered.		
SIGNATURE: <u>Julianne F. Gonzalez</u> JULIANNE F. GONZALEZ 1/9/04 (321) 752 2431 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-2183692	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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01/13/04-80045-011 70.00

**DO NOT WRITE
IN THIS SPACE**