FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:17

DOCUMENT # 701371 (7)

1. Corporation Name
THE LOUIE R. AND GERTRUDE MORGAN FOUNDATION, INC

Principal Place of Business	Mailing Address
218 SOUTH POLK AVENUE ARCADIA FL 33821	218 SOUTH POLK AVENUE ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1960
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-6142359 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SUMMERALL, JR., ROBERT L.
218 SOUTH POLK AVE.
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MIXON, BOBBY C	1.2 NAME		
STREET ADDRESS	1500 SE REYNOLDS ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	WALLER, JANE	2.2 NAME	James R. Wierichs	
STREET ADDRESS	218 S POLK AVE	2.3 STREET ADDRESS	3664 Taro Place	
CITY-ST-ZIP	ARCADIA, FL 00000	2.4 CITY-ST-ZIP	Sarasota, Florado 34232	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BELLAMY, GEORGE E	3.2 NAME		
STREET ADDRESS	21 RIO VISTA RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 00000	3.4 CITY-ST-ZIP		
TITLE	VTD	4.1 TITLE		☐ Change ☐ Addition
NAME	SUMMERALL, ROBERT L JR	4.2 NAME		
STREET ADDRESS	2418 SE AIRPORT RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L Summerall Jr 1-24-95 813 494-1551
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert L. Summerall, Jr

0097410