| | NOTICE: CORPORATION WILL BE NOR BEFORE 8/7/96: \$61.25 (IF DISS) | | | | | | |
|-------------------------------|---|--|--|-----------------------------------|--|---|---------------|
| NC | NONPROFIT FLORIDA DEPART | | | • | , | | |
| ANNUAL DEDOOT | | | etary of State | | | | |
| 1996 DIVISION OF CO | | F CORPORAT | IONS | | | | |
| DOCUI | MENT # 70137 | 71 (7) | | | | | |
| THE ! | LOUIE R. AND GERTRUDE | MORGAN FOUNDAT | ION, INC | | | | |
| • | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | | |
| 218 SOUTH F ARCADIA FL | POLK AVENUE 33821 | 218 SOUTH POLK AV ARCADIA FL 33821 | ENUE | | | | |
| | | | | | 3. Date Incorporated or Qualified 08/29/1960 | 3a. Date of Last Report 01/31/1995 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEt Number 59-6142359 | Applied For Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | , | | Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | 3 | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Z _{ip} | Count | У | This corporation has liability for in Florida Statutes | ntangible tax under s. 199.032, | |
| | 9. Name and Address of Curren | | | | 10. Name and Address of New Reg | | |
| | | | 8 | 1 Name | | | |
| | erall, Jr., Robert L. Duth Polk Ave. | | 8: | Street Add | ress (P.O. Box Number is Not Acceptable | e) | |
| | NA FL 33821 | | 8: | 3 | · · · · · · · · · · · · · · · · · · · | | |
| | | | 8- | 1 City | | | |
| 11 Pureuant | to the provisions of Continue 617.050 | 2 and 617 1E00 Elocido Ptol | utos the shou | ' | oration submits this statement for the pur | | |
| office or re | egistered agent, or both, in the State of familiar with, and accept the obliga | of Florida. Such change was ations of Section 617 0503. I | utes, the abov authorized by Florida Statute | e-named corp y the corporation | oration submits this statement for the pur on's board of directors. I hereby accept t | he appointment as registered | |
| SIGNATURE | | | | | | | |
| 12. | Signature, typed or printed name of registered age OFFICERS AN | ent and title if applicable (N ID DIRECTORS | OTE Registered A | gent signature requir | red when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE EDG AND DIDECTORS IN 12 | <u>ر</u> |
| TITLE | PO | DELETE | 1.1 TITLE | | ADDITIONS/OFFANCES TO OFFA | Change Addition | 72E037 (3/96) |
| NAME | MIXON, BOBBY C | | 1.2 NAME | | | | 37 |
| STREET ADDRESS | 1500 SE REYNOLDS ST | | 1.3 STREI | ET ADDRESS | | | Ü |
| CITY-ST-ZIP TITLE | ARCADIA FL SD | DELETE | 1.4 CITY - | | | | |
| NAME | WIERICHS, JAMES R. | Detreit | 2.1 TITLE 2.2 NAME | | | Change Addition | |
| STREET ADDRESS | 3664 TARO PLACE | | | ET ADDRESS | | | |
| CITY-S1-ZIP | SARASOTA FL | | 2 4 CITY | - ST-ZIP | | | |
| TITLE | D DELLANY OF ORDER | DELETE | 3.1 TITLE | | | Change Addition | |
| NAME STOCET ADDOCCO | BELLAMY, GEORGE E 21 RIO VISTA RD | | 3.2 NAME | 1 | | • . | |
| STREET ADDRESS CITY-ST-ZIP | ARCADIA, FL 00000 | | 3.3 STREE | T AODRESS | | | |
| TITLE | VTD | DELETE | 4.1 TITLE | | | Change Addition | |
| NAME | SUMMERALL, ROBERT L JF | R | 4 2 NAM | E | | | |
| STREET ADDRESS | 2418 SE AIRPORT RD | | 4 3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | ARCADIA FL | DELETE | 4.4 CITY- | | | 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| TITLE NAME | | L-J OELEIE | 5 1 TITLE 5 2 NAME | | | Change Addition | ĺ |
| STREET ADDRESS | | | | T ADDRESS | | | ł |
| CITY-ST-ZIP | | | 54 CITY - | | | | l |
| TITLE | | DELETE | 6.1 TITLE | | | Change Addition | l |
| NAME OZOSSZ LEDDOSOG | | | 6 2 NAME | | | | l |
| STREET ADDRESS | | | | T ADDRESS | | | l |
| 14. Ldo hereb | ov certify that the information supplier | d with this filing is voluntarily | 6.4 CiTY- | | lify for the exemption stated in Section 11 | 9.07/2\/k\ Elorido Stotutos I | i |

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)(k), 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:

SIGNATURE:

Date

Daytime Phone II

Daytim