


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90044 008 \*\*\*\*61.25

<b>DOCUMENT # 701371</b> 1. Entity Name <b>THE LOUIE R. AND GERTRUDE MORGAN FOUNDATION, INC.</b>					
Principal Place of Business <b>218 SOUTH POLK AVENUE ARCADIA, FL 33821</b>			Mailing Address <b>218 SOUTH POLK AVENUE ARCADIA, FL 33821</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-6142359</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SUMMERALL, JR., ROBERT L. 218 SOUTH POLK AVE. ARCADIA, FL 33821</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIXON, BOBBY C		NAME		
STREET ADDRESS	1500 SE REYNOLDS ST		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESKEW, LORI A		NAME		
STREET ADDRESS	3556 WINEWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELLAMY, GEORGE E		NAME		
STREET ADDRESS	21 RIO VISTA RD		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 00000,		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMERALL, ROBERT L JR		NAME		
STREET ADDRESS	2418 SE AIRPORT RD		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Robert L Summerall Jr</i>			<b>SIGNATURE:</b> <i>Robert L Summerall Jr</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

94022243



02262004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-6142359**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MIXON, BOBBY C  
STREET ADDRESS 1500 SE REYNOLDS ST  
CITY-ST-ZIP ARCADIA, FL

TITLE SD ☐ Delete  
NAME ESKEW, LORI A  
STREET ADDRESS 3556 WINEWOOD DR  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE D ☒ Delete  
NAME BELLAMY, GEORGE E  
STREET ADDRESS 21 RIO VISTA RD  
CITY-ST-ZIP ARCADIA, FL 00000,

TITLE VTD ☐ Delete  
NAME SUMMERALL, ROBERT L JR  
STREET ADDRESS 2418 SE AIRPORT RD  
CITY-ST-ZIP ARCADIA, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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**SIGNATURE:**

*Robert L Summerall Jr* Robert L Summerall Jr 2-26-04

863-494-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #