

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701371**

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



Principal Place of Business  
**218 SOUTH POLK AVENUE  
ARCADIA, FL 33821**

Mailing Address  
**218 SOUTH POLK AVENUE  
ARCADIA, FL 33821**

**DO NOT WRITE IN THIS SPACE**



02232005 No 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**

**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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN00000243528  
02/25/05-80045-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Lori Eskew, Secretary* *Lori Eskew*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-23-05*  
Date

*(813)494-1551*  
Daytime Phone #