


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 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
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04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6142359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ESKEW, LORI  
 218 SOUTH POLK AVE.  
 ARCADIA, FL 34266

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIXON, BOBBY C 1500 SE REYNOLDS ST ARCADIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESKEW, LORI A 3556 WINEWOOD DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ESKEW, LORI 5336 WINEWOOD DRIVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Lori Eskew 4-24-08 803-494-1551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #