2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90060 034 ****70.00

DOCUMENT # 721685

1. Entity Name
MORGANWOODS GREENTREE, INC.

Principal Place of Business	Mailing Address
16105 N. FLORIDA SUITE A LUTZ, FL 33549 US	16105 N. FLORIDA SUITE A LUTZ, FL 33549 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03032005 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7205926 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SPIVEY, WILLIAM C.
16105 N. FLORIDA
SUITE A
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name STEVEN MEZER
Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN
City TAMPA **FL** Zip Code 33602

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 STEVEN H. MEZER 3/17/05
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME	CROFT, WILLIAM	NAME	
STREET ADDRESS	7010 ALTURAS	STREET ADDRESS	16105 N. FLORIDA #A
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	LUTZ, FL 33549
TITLE PD ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME	ALLEN, DIANA	NAME	
STREET ADDRESS	6907 MEXICALA CT	STREET ADDRESS	16105 N. FLORIDA #A
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	LUTZ, FL 33549
TITLE SD ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME	HUMES, MADGE	NAME	
STREET ADDRESS	7201 LAGUNA CT.	STREET ADDRESS	16105 N. FLORIDA #A
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	LUTZ, FL 33549
TITLE TD ☒ Delete		TITLE TD ☐ Change ☒ Addition	
NAME	DILLON, ALICE	NAME	HAND, WALTON
STREET ADDRESS	7317 BAJA	STREET ADDRESS	16105 N. FLORIDA #A
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	LUTZ, FL 33549
TITLE D ☒ Delete		TITLE D ☐ Change ☒ Addition	
NAME	TUBBS, JOHN	NAME	BROWN, ELIZABETH
STREET ADDRESS	6913 MEXICALA CT	STREET ADDRESS	16105 N. FLORIDA #A
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	LUTZ, FL 33549
TITLE D ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME	GRAVLIN, JOHN	NAME	
STREET ADDRESS	7635 DELEON	STREET ADDRESS	16105 N. FLORIDA #A
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	LUTZ, FL 33549

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.

SIGNATURE: DIANA ALLEN PRES 4/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #