2004 NOT-FOR-PROFIT CORPORATION

FILED Jul 19, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N00000007442** 1. Entity Name 07-19-2004 90017 034 ****61.25 MORNINGSIDE HISTORIC EDUCATION SOCIETY, INC. Principal Place of Business Mailing Address 679 NE 58TH STREET 679 NE 58TH STREET 140404 MIAMI, FL 33137 MIAMI, FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132004 Chq-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 65-1053273 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DINER, JESSE H ESQ. Street Address (P.O. Box Number is Not Acceptable) ATKINSON DINER STONE ET AL. 1946 TYLER STREET HOLLÝWOOD, FL 3302Ö Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered anyther, Statebut/fijotida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Delete TITLE ☐ Channe ☐ Addition TITLE MCCOY, PATRICK NAME NAME STREET ADDRESS 679 NE 58 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP Delete VPD TITLE TITLE Change ☐ Addition MEADOWS, GAIL NAME NAME 5731 NE 6 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-73P SD ~ --- 🔲 Delete TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Seight-Floridal CST(a) tes. 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 frequency 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, Floridal a Statutes mesappears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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TITLE

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TITLE

NAME

DINER, JESSE H

MIAMI, FL 33137

ROBERTSON, ALYCE

644 NE 57 ST

5991 NE 6 CT

MIAMI, FL 33137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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