

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007442

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: MORNINGSIDE HISTORIC EDUCATION SOCIETY, INC.

**Current Principal Place of Business:**

478 NE 56 STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

478 NE 56 STREET  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 65-1053273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HITE, CATHERINE ESQ  
799 BRICKELL PLAZA  
700  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BALDWIN, BRUCE  
Address: 5901 NE 6 COURT  
City-St-Zip: MIAMI, FL 33137

Title: VPD ( ) Delete  
Name: HITE, CATHERINE  
Address: 620 NE 51 STREET  
City-St-Zip: MIAMI, FL 33137

Title: SD ( ) Delete  
Name: LINCOLN, TIM  
Address: 450 NE 52 TERRACE  
City-St-Zip: MIAMI, FL 33137

Title: TD ( ) Delete  
Name: MILLER, BRIAN  
Address: 478 NE 56 STREET  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: MILLER, ASHLEY  
Address: 478 NE 56 STREET  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE HITE

VP

01/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date