

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007442

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** MORNINGSIDE HISTORIC EDUCATION SOCIETY, INC.

**Current Principal Place of Business:**

527 NE 56 STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

527 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:**

HOPPER, WILLIAM  
527 NE 56TH  
MIAMI, FL 33137 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  
Name: HOPPER, WILLIAM E  
Address: 527 NE 56TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: VPD  
Name: CRUZ, ELVIS  
Address: 631 NE 57TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: SD  
Name: PARSONS, RACHEL  
Address: 670 NE 59TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: WEDEN, RICHARD  
Address: 5600 NE 6TH AVENUE  
City-St-Zip: MIAMI, FL 33137

Title: TD  
Name: PARDON, SHIRLEY  
Address: 5600 NE 5TH AVENUE  
City-St-Zip: MIAMI, FL 33137

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E. HOPPER

PRES

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date