

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005993 (0)

1. Corporation Name

HAROLD M. AND MARY B. MORRIS CHARITABLE FOUNDATION, INC.



Principal Place of Business

Mailing Address

437 HOLIDAY DRIVE
HALLANDALE FL 33009

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HALLANDALE FL 33009

3. Date Incorporated or Qualified **12/07/1994** 3a. Date of Last Report **10/02/1995**

21 **SAME AS ABOVE**

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4. FEI Number **65-0540242** Applied For Not Applicable

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

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

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ADAMS, FRANK T
1101 BRICKEL AVE.
SUITE 1801
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	MORRIS, HAROLD M
STREET ADDRESS	437 HOLIDAY DR.
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> DELETE
NAME	MORRIS, MARY B
STREET ADDRESS	437 HOLIDAY DR
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> DELETE
NAME	SHABEL, ARLEEN
STREET ADDRESS	751 MILL ST.
CITY-ST-ZIP	MOORESTOWN NJ 08057
TITLE	D <input type="checkbox"/> DELETE
NAME	MORRIS, BARRY N
STREET ADDRESS	945 S. ANDREWS LANE
CITY-ST-ZIP	LOUISVILLE CO 80027
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold M. Morris Pres.* **JAN. 17, 1996** 457-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/In Phone #

CR2E037 (12/95)