FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FILED FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # N94000005993

HAROLD M. AND MARY B. MORRIS CHARITABLE FOUNDATI ON, INC.						
Principal Place of Business Mailing Address					C (Marities din twise multi metri anni i gette multi ettie metri antici ettie tris inime titi (met	
437 HOLIDAY DRIVE HALLANDALE FL 33009 HALLANDALE FL 33			9			3. Date Incorporated or Qualified 12/07/1994 4. FEI Number Applied For
$ \uparrow $						65-0540242 Not Applicable
2. Principal Place of Business 21. Jay C As A BOVE 26						5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be
22						Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?
23 28						☐ Yes X No
Zip			Coul	ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No
24	9. Name and Address of Current	1	O }			Personal Property Tax due June 30. Yes I No 10. Name and Address of New Registered Agent
				81	Name	
ADAMS, FRANK T			-	82	Street Add	ress (P.O. Box Number is Not Acceptable)
SUITE 18	ICKEL AVE.			83		
MIAMI FI		}	84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named					-named corr	poration submits this statement for the purpose of changing its registered
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						
12.	Signature, typed or printed name of registered ager OFFICERS AND		Registered	1 Agen	nt signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OITIOLING AIRE	DELETE	1,1 117	îLE		Change Addition
NAME	MORRIS, HAROLD M		1.2 NAME			
STREET ADDRESS	437 HOLIDAY DR.		1.3 ST	REET A	ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP		- ZIP	Change Addition
TITLE	D	☐ DELETE				Change Addition
NAME STREET ADDRESS	MORRIS, MARY B 437 HOLIDAY DR.		2.2 NAME 2.3 STREET ADDRESS		ADDRESS	
CITY - ST - ZIP	HALLANDALE FL 33009		2. 4 CITY-ST-ZIP		1	
TITLE	D DELETE			3.1 TITLE		Change Addition
NAME	SHABEL, ARLEEN		3.2 NAME			
STREET ADDRESS	751 MILL ST.			REET A	ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ 08057	DELETE	3.4. CITY-1		T-ZIP	Change Addition
TITLE NAME	d Morris, Barry N	L. DLCCTC	4.1 TITLE 4. 2 NAME			Grango Romagn
STREET ADDRESS	945 S. ANDREWS LANE		4.3 STREET		ADDRESS	
CITY-ST-ZIP	LOUISVILLE CO 80027		4.4 CITY-S			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS	DRESS		5.3 ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE		_	5.4 CITY-ST-ZIP		Ob. 11.000-
TITLE	LE		6.1 TITLE			☐ Change ☐ Addition
NAME			•	6.2 NAME		
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP	pertify that the information supplied will	h this filled does not qualify for	6.4 CIT			Section 119.07(3)(i). Florida Statutes. I further certify that the information

I nereby certify that the information supplied with this him goes not qualify for the exemption stated in section 113.07 (5)th, Florida Statutes. This is that it among 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.