

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005993

1. Entity Name

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



Principal Place of Business
**437 HOLIDAY DRIVE
 HALLANDALE FL 33009**

Mailing Address
**437 HOLIDAY DRIVE
 HALLANDALE FL 33009**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

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

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining.) DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2007**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

U00000607286
 01/31/07-80032-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

HAROLD M. MORRIS