


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005993</b> 1. Entity Name <b>HAROLD M. AND MARY B. MORRIS CHARITABLE FOUNDATION, INC.</b>	
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Principal Place of Business <b>437 HOLIDAY DRIVE HALLANDALE FL 33009</b>	Mailing Address <b>437 HOLIDAY DRIVE HALLANDALE FL 33009</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>65-0540242</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>ADAMS, FRANK T 1101 BRICKEL AVE. SUITE 1801 MIAMI FL 33131</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete <b>MORRIS, HAROLD M</b>
NAME	<b>437 HOLIDAY DR.</b>
STREET ADDRESS	<b>HALLANDALE FL 33009</b>
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete <b>MORRIS, MARY B</b>
NAME	<b>437 HOLIDAY DR.</b>
STREET ADDRESS	<b>HALLANDALE FL 33009</b>
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete <b>SHABEL, ARLEEN</b>
NAME	<b>751 MILL ST.</b>
STREET ADDRESS	<b>MOORESTOWN NJ 08057</b>
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete <b>MORRIS, BARRY N</b>
NAME	<b>945 S. ANDREWS LANE</b>
STREET ADDRESS	<b>LOUISVILLE CO 80027</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U000000911425</b>
STREET ADDRESS	<b>05/07/08-80038-024 61.25</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

**SIGNATURE:** *Harold M. Morris PRES APR. 15, 2008 (954) 457-7955*