### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 721685** 

Entity Name: MORGANWOODS GREENTREE, INC.

FILED Apr 21, 2014 Secretary of State CC6046372720

Certificate of Status Desired: No.

## **Current Principal Place of Business:**

17824 N. US HWY 41 LUTZ. FL 33549

# **Current Mailing Address:**

C/O WISE PROPERTY MANAGEMENT, INC 17824 N. US HWY 41 LUTZ, FL 33549 US

FEI Number: 23-7205926

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC 1801 N. HIGHLAND AVE TAMPA, FL 33602 US

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

#### Officer/Director Detail:

Title	DIRECTOR	Title	PD

 Name
 BOND, JEAN
 Name
 GRAVLIN, JOHN C

 Address
 17824 N. US HWY 41
 Address
 17824 N. US HWY 41

 City-State-Zip:
 LUTZ FL 33549
 City-State-Zip:
 LUTZ FL 33549

Title SECRETARY Title DIRECTOR

NameHUMES, MADGENameMEHARRY, CHARLESAddress17824 N. US HWY 41Address17824 N. US HWY 41City-State-Zip:LUTZ FL 33549City-State-Zip:LUTZ FL 33549

Title VP Title DIRECTOR

 Name
 ROBBINS, CHRISTINE
 Name
 ACKER, MICHELE L

 Address
 17824 N. US HWY 41
 Address
 17824 N. US HWY 41

 City-State-Zip:
 LUTZ FL 33549
 City-State-Zip:
 LUTZ FL 33549

Title TREASURER Title DIRECTOR

NameDIAZ, GLORIANameHAND, ROSEMARYAddress17824 N. US HWY 41Address17824 N. US HWY 41City-State-Zip:LUTZ FL 33549City-State-Zip:LUTZ FL 33549

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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: JOHN GRAVLIN PRESIDENT 04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name TRAEMER, TOM

Address 17824 N. US HWY 41

City-State-Zip: LUTZ FL 33549