

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007462

Entity Name: BOURNE MORGAN FOUNDATION, INC.**Current Principal Place of Business:**3490 SEDONA LOOP
TALLAHASSEE, FL 32308**Current Mailing Address:**3490 SEDONA LOOP
TALLAHASSEE, FL 32308**FEI Number:** 46-0680183**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOURNE SMOTHERS, JULIAN
3490 SEDONA LOOP
TALLAHASSEE, FL 32308 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	D
Name	BOURNE SMOTHERS, JULIAN
Address	3490 SEDONA LOOP
City-State-Zip:	TALLAHASSEE FL 32308

Title	VD, TREASURER
Name	MORRISON, RAYON
Address	181 HARBOR DRIVE
City-State-Zip:	STAMFORD CT 06904

Title	D
Name	BOURNE, VIVIA
Address	DEVON POST OFFICE
City-State-Zip:	MANCHESTER, JAMAICA

Title	SECRETARY
Name	FRANCIS, NADIA
Address	2655 WESTCHESTER PARKWAY SE,
City-State-Zip:	CONYERS GA 30013

Title	ASST. SECRETARY
Name	BOURNE, DENISHA T
Address	88 LYNDAL AVE
City-State-Zip:	KINGSTON

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: JULIAN L. BOURNESMOTHERS**DIRECTOR****04/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date