

**2018 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. BOURNE SMOTHERS

D

04/14/2018

Electronic Signature of Signing Officer/Director Detail

Date