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.

DIRECTOR

SIGNATURE: ARLEEN JOAN SHABEL

Electronic Signature of Signing Officer/Director Detail

Name and Addre	ss of Current Registered Agent:
ADAMS, FRANK T DUNWODY, WHITE & 550 BILTMORE WAY, CORAL GABLES, FL	SUITE810
The above named entity	submits this statement for the purpose of changing its registered office or registered agent, or both, in the S
SIGNATURE:	
Ele	ectronic Signature of Registered Agent

AVENTURA, FL 33180

Current Mailing Address:

21200 PLACE 2501 AVENTURA, FL 33180 US

FEI Number: 65-0540242

State of Florida.

Officer/Director Detail :

Title	D	Title	D		
Name	SHABEL, ARLEEN J	Name	MORRIS, BARRY N		
Address	21200 POINT PLACE 2501	Address	410 HENDRICKS ISLE 404		
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	FORT LAUDERDALE FL 33301		
Title	D	Title	D		
Title Name	D SHABEL, ARLEEN J	Title Name	D MORRIS, BARRY N		
Name	SHABEL, ARLEEN J 21200 POINT PLACE	Name	MORRIS, BARRY N 410 HENDRICKS ISLE		

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005993

Entity Name: HAROLD M. AND MARY B. MORRIS CHARITABLE FOUNDATION INC.

Current Principal Place of Business:

21200 POINT PLACE

#2501

Certificate of Status Desired: No

FILED Feb 11, 2019 Secretary of State 4060897513CC

> 02/11/2019 Date

Date