FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:28

DOCUMENT # 705593 (2)

1. Corporation Name
MORNINGSIDE, INCORPORATED

Principal Place of Business	Mailing Address
9220 102ND AVE NO SEMINOLE FL 34647 US	9220 102ND AVE NO SEMINOLE FL 34647 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1950
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-0705987 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BEDIENT, EMILY J.
9220 102ND AVE NO
SEMINOLE FL 34647

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	☐ Change ☐ Addition
NAME	JEFFERSON, RUTH	1.2 NAME	DS
STREET ADDRESS	1885 SHORE DR S #231	1.3 STREET ADDRESS	Weiser, Conrad
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	169 SE Lincoln Circle, N St. Petersburg, FL 33703
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	COOK, BRUCE	2.2 NAME	DP
STREET ADDRESS	812 LIVE OAK TERRACE N.E	2.3 STREET ADDRESS	Cheezem, Ken
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	2473 Kingfisher Lane, Unit I-103 Clearwater, FL 34622
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	JETER, JEFF	3.2 NAME	DV
STREET ADDRESS	502 N ARMENIA AVE.	3.3 STREET ADDRESS	Miller, Alberta
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	2981 Los Gatos Dr. Belleair Bluffs, FL 34640
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	SHELHAMER, HELEN	4.2 NAME	
STREET ADDRESS	3655 MAINLAND BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	DRONSFIELD, JOYCE	5.2 NAME	DS
STREET ADDRESS	2205 BELLEAIR RD., #A-1	5.3 STREET ADDRESS	Weigman, Betty
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	7580 92nd Street N. Seminole, FL 34647
TITLE	DT	6.1 TITLE	☒ Change ☐ Addition
NAME	CHEEZEM, KEN	6.2 NAME	DT
STREET ADDRESS	2473 KINGFISHER LN.	6.3 STREET ADDRESS	Hart, June
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	7882 Sailboat Key Blvd. S #405 St. Petersburg, FL 33707

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Weigman 2-9-95 398-3808
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
BETTY WEIGMAN

0007243