

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

25

9220 102nd Ave.

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State
Seminole, FL

23

28

Zip

Country

24

25

29

34647

30

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/23/1950

3a. Date of Last Report
02/14/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME WEISER, CONRAD
STREET ADDRESS 169 SE LINCOLN CIRCLE, N
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE DT
NAME Wilson, Edwin D., Sr.
STREET ADDRESS 2236 Gulf to Bay Blvd. #308
CITY-ST-ZIP Clearwater, FL 34625

☐ Change

☒ Addition

TITLE DP
NAME CHEEZEM, KEN
STREET ADDRESS 2473 KINGFISHER LANE, UNIT I-103
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE D
NAME Rockenfeller, William
STREET ADDRESS 25 S. McMullen Booth Rd.
CITY-ST-ZIP Clearwater, FL 34619

☐ Change

☒ Addition

TITLE DV
NAME MILLER, ALBERTA
STREET ADDRESS 2981 LOS GATOS DR
CITY-ST-ZIP BELLEAIR BLUFFS FL

☐ DELETE

TITLE D
NAME Scholet, Suzanne L.
STREET ADDRESS 1637 San Mateo Drive
CITY-ST-ZIP Dunedin, FL 34698

☐ Change

☒ Addition

TITLE DV
NAME SHELHAMER, HELEN
STREET ADDRESS 3655 MAINLAND BLVD.
CITY-ST-ZIP PINELLAS PARK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DS
NAME WEIGMAN, BETTY
STREET ADDRESS 7580-92ND STREET N
CITY-ST-ZIP SEMINOLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DT
NAME HART, JUNE
STREET ADDRESS 7882 SAILBOAT KEY BLVD. S #405
CITY-ST-ZIP ST PETERSBURG FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)