

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705593** (2)
1. Corporation Name
MORNINGSIDE, INCORPORATED

Principal Place of Business 9220 102ND AVE NO SEMINOLE FL 33777 US	Mailing Address 9220 102ND AVENUE SEMINOLE FL 34647 US
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2. Principal Place of Business 21 9220 102nd Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29 33777	30

3. Date Incorporated or Qualified 01/23/1950	Applied For 59-0705987
4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Cheezem, Ken
82 Street Address (P.O. Box Number is Not Acceptable) 9220 102nd Avenue
83
84 City Seminole FL 85 Zip Code 33777

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 *Ken Cheezem* **Ken Cheezem, Administrator** 3/31/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	SCHOLET, SUZANNE
STREET ADDRESS	1637 SAN MATEO DRIVE
CITY - ST - ZIP	DUNEDIN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHIERHOLZ, CAROLE
STREET ADDRESS	POST OFFICE BOX 270232
CITY - ST - ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BAMBACH, MAROE
STREET ADDRESS	7612 22ND AVE. NO
CITY - ST - ZIP	BRADENTON FL 28
TITLE	DT <input type="checkbox"/> DELETE
NAME	WILSON, EDWIN D. S
STREET ADDRESS	2236 GULF TO BAY BLVD., #308
CITY - ST - ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROCKENFELLER, WILLIAM
STREET ADDRESS	25 S McMULLEN BOOTH ROAD
CITY - ST - ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scholet, Suzanne
1.3 STREET ADDRESS	1637 San Mateo Drive
1.4 CITY - ST - ZIP	Dunedin FL
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thurman, James E. Jr.
2.3 STREET ADDRESS	2411 Brevard Rd. NE
2.4 CITY - ST - ZIP	St. Petersburg FL
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bambach, Marge
3.3 STREET ADDRESS	7612 22nd Ave N
3.4 CITY - ST - ZIP	Bradenton, FL
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wilson, Edwin D. Sr.
4.3 STREET ADDRESS	2816 Countrybrook Drive
4.4 CITY - ST - ZIP	Palm Harbor FL
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shiel, Catherine
5.3 STREET ADDRESS	20272 Vanguard Terrace
5.4 CITY - ST - ZIP	Pt Charlotte FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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: *Suzanne L. Scholet* 4/23/98 813 398 3808

CR2E037 (10/97)