

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90036 020 ****61.25

DOCUMENT # 705593

1. Corporation Name

MORNINGSIDE, INCORPORATED

Principal Place of Business

9220 102ND AVE
SEMINOLE FL 33777
US

Mailing Address

9220 102ND AVE
SEMINOLE FL 33777
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/23/1950

4. FEI Number

59-0705987

Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CHEEZEM, KEN
9220 102ND AVE
SEMINOLE FL 33777

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 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

TITLE **P** ☐ DELETENAME **SCHOLET, SUZANNE**
STREET ADDRESS **1637 SAN MATEO DRIVE**
CITY-ST-ZIP **DUNEDIN FL**TITLE **D** ☐ DELETENAME **SCHIERHOLZ, CAROLE**
STREET ADDRESS **POST OFFICE BOX 270232**
CITY-ST-ZIP **TAMPA FL**TITLE **S** ☒ DELETENAME **BAMBACH, MARGE**
STREET ADDRESS **7612 22ND AVE. NO**
CITY-ST-ZIP **BRADENTON FL**TITLE **T** ☐ DELETENAME **WILSON, EDWIN D SR**
STREET ADDRESS **2816 COUNTRYBROOK DRIVE**
CITY-ST-ZIP **PALM HARBOR FL**TITLE **D** ☐ DELETENAME **ROCKENFELLER, WILLIAM**
STREET ADDRESS **25 S MCMULLEN BOOTH ROAD**
CITY-ST-ZIP **CLEARWATER FL**TITLE **D** ☐ DELETENAME **SHIEL, CATHERINE**
STREET ADDRESS **20272 VANGUARD TERRACE**
CITY-ST-ZIP **PT CHARLOTTE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S

SHIEL, CATHERINE

20272 VANGUARD TERRACE

PORT CHARLOTTE FL 33954

V

XXXXXXXXXXXX THURMAN, JAMES E JR

576 13th Avenue NE

St Petersburg FL 33701

☒ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *X Suzanne L. Scholet*

SIGNATURE REQUIRED

Suzanne L. Scholet, Pres. 3/6/99 727-398-380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)