


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90163 011 \*\*\*\*61.25

**DOCUMENT # 705593**

1. Entity Name  
**MORNINGSIDE, INCORPORATED**




Principal Place of Business      Mailing Address  
 9220 102ND AVE      9220 102ND AVE  
 SEMINOLE FL 33777      SEMINOLE FL 33777  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E037 (11/03)

4. FEI Number      Applied For  
 59-0705987      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CHEEZEM, KEN**  
 9220 102ND AVE  
 SEMINOLE FL 33777

7. Name and Address of New Registered Agent  
 Name **BARBARA A. RIGALL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9220 102ND AVE**  
 City **SEMINOLE**      FL      Zip Code **33777**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara A. Rigall*      **BARBARA A. RIGALL**      4/23/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME VP SCHOLET, SUZANNE 1637 SAN MATEO DRIVE DUNEDIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D SCHIERHOLZ, CAROLE 4103 CARROLLWOOD VILLAGE DR COCOA FL 32922	<input type="checkbox"/> Delete
TITLE NAME D SHIEL, CATHERINE 20272 VANGUARD TERR PORT CHARLOTTE FL 33954	<input type="checkbox"/> Delete
TITLE NAME D VANDERSLICE, DEBORAH 19 INDIAN RIVER DR #702 COCOA FL 32922	<input checked="" type="checkbox"/> Delete
TITLE NAME S BRADLEY, PAMELA 1331 MONTICELLO BLVD N SAINT PETERSBURG FL 33703	<input checked="" type="checkbox"/> Delete
TITLE NAME P THURMAN, JAMES E JR 576 13TH AVE NE ST PETERSBURG FL 33701	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME TREASURER JOHN CREVELING 13662 TRADITIONS DR SEMINOLE FL 33776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VICE PRESIDENT LINDA MACE 153 42ND AVENUE ST PETE BEACH FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME PRESIDENT (CATHERINE SHIEL)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SECRETARY MARJORIE R. FAMBACH 7612 22ND AVE W BRADENTON, FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME DIRECTOR (THURMAN, JAMES EJR)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Creveling*      **John Creveling**      4/26/04      727-398-3808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #