

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90017 032 ****61.25

DOCUMENT # 705593

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0705987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIGALL, BARBARA A
9220 102ND AVE
SEMINOLE FL 33777**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **P** ☐ Delete
NAME **CREVELING, JOHN**
STREET ADDRESS **13662 TRADITIONS DR**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **T** ☐ Delete
NAME **SHIDELER, FRANK**
STREET ADDRESS **903 FRANKLAND ROAD**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☒ Delete
NAME **BUHL, REBECCA**
STREET ADDRESS **9242 LAKE CHASE ISLAND WAY**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **VP** ☐ Delete
NAME **MACE, LINDA**
STREET ADDRESS **153 42ND AVENUE**
CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE **S** ☐ Delete
NAME **BAMBACH, MARJORIE R**
STREET ADDRESS **7612 22ND AVE W**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **D** ☐ Delete
NAME **THURMAN, JAMES E JR**
STREET ADDRESS **576 13TH AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 3/2/06 727 398 3808