

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711814

FILED
Feb 09, 2009
Secretary of State

Entity Name: MORSE SHORES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

160 CIR DR
FORT MYERS, FL 33905 US

New Principal Place of Business:

260 ALAMEDA AVE
FORT MYERS, FL 33905 US

Current Mailing Address:

DAVID MORIN
5231 LAKE CALOOSA DR
FORT MYERS, FL 33905 US

New Mailing Address:

CLARENCE D. BOWMAN
260 ALAMEDA AVE
FORT MYERS, FL 33905 US

FEI Number: 65-0865637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, CLARENCE D
260 ALAMEDA AVENUE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOWMAN, CLARENCE D
Address: 260 ALAMEDA AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: LAUNEY, ISABEL
Address: 123 SCHNEIDER DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: S () Delete
Name: MUNN, EILEEEN
Address: 5203 LAKE CALOOSA DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: VP () Delete
Name: RICKETTS, ERNEST
Address: 321 GEORGIA AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: P () Delete
Name: BREFFLE, KENNETH
Address: 257 CONNECTICUT AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: NEWBERT, MARTIN
Address: 231 OKLAHOMA AVENUE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE D. BOWMAN

TREA

02/09/2009

Electronic Signature of Signing Officer or Director

Date