

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717381

1. Corporation Name
MORNINGSIDE CIVIC ASSOCIATION, INC.

Principal Place of Business
MIAMI, FLORIDA

Mailing Address
**P.O. BOX 371101
MIAMI, FL. 33137**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
		30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10-20-1969	8-23-94
4. FEI Number	Applied For
65-0184055	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBERTSON, NEIL P. 25 SE SECOND AVE (2ND AVE) 628 INGERHAM BLDG MIAMI, FL 33131				81	Name		
				82	Street Address (P.O. Box Number is Not Allowed)		
				83	200001464822 -04/26/95--01025--012 *****130.00 *****130.00		
				84	City	85	Zip Code
							FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK McCoy	1.2 NAME	STEVE NEVITT
STREET ADDRESS	769 N.E. 58TH ST.	1.3 STREET ADDRESS	450 N.E. 52ND TR
CITY - ST - ZIP	MIAMI FL 33137	1.4 CITY - ST - ZIP	MIAMI, FL 33137
TITLE	VICE PRESIDENT	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORAH SCHAEFER	2.2 NAME	JO ANN RICE
STREET ADDRESS	598 NE 56TH ST.	2.3 STREET ADDRESS	451 N.E. 53RD ST
CITY - ST - ZIP	MIAMI FL 33137	2.4 CITY - ST - ZIP	MIAMI FL 33137
TITLE	SECRETARY	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBBIE ZUFALL	3.2 NAME	RODIE WALLACE
STREET ADDRESS	5911 NE 6TH AVE	3.3 STREET ADDRESS	686 N.E. 56TH ST
CITY - ST - ZIP	MIAMI FL 33137	3.4 CITY - ST - ZIP	MIAMI FL 33137
TITLE	TREASURER	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELIA MARTINEZ	4.2 NAME	WESLEY NEWHOUSE
STREET ADDRESS	501 N.E. 55TH ST	4.3 STREET ADDRESS	5980 N. BAYSHORE DR
CITY - ST - ZIP	MIAMI FL 33137	4.4 CITY - ST - ZIP	MIAMI FL 33137
TITLE	DIRECTOR	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL DUNN	5.2 NAME	KEITH SOTO
STREET ADDRESS	465 NE 50TH TER.	5.3 STREET ADDRESS	527 NE 50TH ST
CITY - ST - ZIP	MIAMI FL 33137	5.4 CITY - ST - ZIP	MIAMI, FL 33137
TITLE	DIRECTOR	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY TEMMEYER	6.2 NAME	JIM MARTIN
STREET ADDRESS	540 N.E. 52ND ST.	6.3 STREET ADDRESS	500 N.E. 55TH TR
CITY - ST - ZIP	MIAMI, FL 33137	6.4 CITY - ST - ZIP	MIAMI, FL 33137

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick McCoy **Patrick McCoy** 13 April 95 205-758-6371
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Date) (Phone #)