

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 717361
1. Corporation Name

Morningside Civic Association, Inc.

300001878913
-06/28/96--01018--039
***61.25

Principal Place of Business: Miami, Florida
Mailing Address: 679 NE 58 St. Miami, FL 33137

3. Date Incorporated or Qualified: 10/20/1969
3a. Date of Last Report: 4/13/95
4. FEI Number: 65-0184055
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
Neil P Robertson
25 SE 2nd Ave
628 Ingraham Bldg.
Miami, FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Patrick McCoy (D)	
STREET ADDRESS	679 NE 58 St	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	David Stanley (D)	
STREET ADDRESS	5940 NE 6 Ct.	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Pierce Mullally (D)	
STREET ADDRESS	690 NE 58 St	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Keith E. Soto (D)	
STREET ADDRESS	527 NE 56 St.	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Dennis Herzig	
STREET ADDRESS	5275 NE 5 Ave	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Sheila Martinez	
STREET ADDRESS	501 NE 55 St	
CITY-ST-ZIP	Miami, FL 33137	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Renee Sylvester Morgan	
13 STREET ADDRESS	470 NE 51 St	
14 CITY-ST-ZIP	Miami, FL 33137	
21 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Manny Lamazares	
23 STREET ADDRESS	621 NE 52 Terr	
24 CITY-ST-ZIP	Miami, FL 33137	
31 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Shirley Pardon	
33 STREET ADDRESS	5724 N. Bayshore Dr	
34 CITY-ST-ZIP	Miami, FL 33137	
41 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Norah Schaefer	
43 STREET ADDRESS	598 NE 56 St	
44 CITY-ST-ZIP	Miami, FL 33137	
51 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Ray Temeyer	
53 STREET ADDRESS	540 NE 52 St	
54 CITY-ST-ZIP	Miami, FL 33137	
61 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Irene King Tomassini	
63 STREET ADDRESS	630 NE 50 Terr	
64 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 119.07(3)(k), 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.

SIGNATURE: _____ DATE: June 11, 96 DAY/PHONE: 305-758-6371

CR2E037 (12/95)