

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90026 008 ****61.25

DOCUMENT # 719919

1. Entity Name
MORSE BOULEVARD PROFESSIONAL CENTER, INC.



Principal Place of Business
**800 WEST MORSE BLVD
SUITE 1
WINTER PARK FLA, 32789-3735**

Mailing Address
**P O BOX 1328
WINTER PARK, FL 32790 US**

94057893



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1324598

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MURRAH, KENNETH F
800 W. MORSE BLVD
STE 1
WINTER PARK, FL 32789**

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 reinstating)

DATE

**Filing 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	PD	<input type="checkbox"/> Delete
NAME	MURRAH, KENNETH F	
STREET ADDRESS	800 W MORSE BLVD STE 5	
CITY-ST-ZIP	WINTER PK, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MADISON, JAMES	
STREET ADDRESS	800 W MORSE BLVD	
CITY-ST-ZIP	WINTER PK, FL 00000,	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWLEY, MALCOLM E	
STREET ADDRESS	800 W MORSE BLVD	
CITY-ST-ZIP	WINTER PK, FL 00000,	
TITLE	D	<input type="checkbox"/> Delete
NAME	TILLERY, DON E JR	
STREET ADDRESS	1355 ORANGE AVE., SUITE 3	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, DAVID C.	
STREET ADDRESS	800 W. MORSE BLVD.	
CITY-ST-ZIP	WINTER PARK, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAND, THOMAS B.	
STREET ADDRESS	800 W. MORSE BLVD.	
CITY-ST-ZIP	WINTER PARK, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 W Morse Blvd Ste 1	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 W Morse Blvd. Ste 5	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 W Morse Blvd. Ste 3	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 W. Morse Blvd. Ste 2	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 W Morse Blvd. Ste 3	
CITY-ST-ZIP	Winter Park, FL 32789	

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:

Kenneth F. Murrah **Kenneth F. MURRAH** 4/16/2004

407-644-9801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #