

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90051 042 ****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**

50016609



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1324598

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MURRAH, KENNETH F
STREET ADDRESS 800 W MORSE BLVD., STE. 1
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE **Secretary/ Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME MADISON, JAMES
STREET ADDRESS 800 W MORSE BLVD., STE. 5
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HAWLEY, MALCOLM E
STREET ADDRESS 800 W MORSE BLVD., STE. 3
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE **President/Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TILLERY, DON E JR
STREET ADDRESS 800 W MORSE BLVD., STE. 2
CITY-ST-ZIP WINTER PARK, FL 32789

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

TITLE D ☐ Delete
NAME HAND, THOMAS B.
STREET ADDRESS 800 W MORSE BLVD., STE. 2
CITY-ST-ZIP WINTER PARK, FL 32789

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 2/11/05 407-644-9801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #