2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90060 034 ****70.00

DOCUMENT # 721685

1. Entity Name
MORGANWOODS GREENTREE, INC.

Principal Place of Business	Mailing Address
16105 N. FLORIDA SUITE A LUTZ, FL 33549 US	16105 N. FLORIDA SUITE A LUTZ, FL 33549 US

03032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7205926 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIVEY, WILLIAM C.
16105 N. FLORIDA
SUITE A
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name STEVEN MEZER
Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN
City TAMPA **FL** Zip Code 33602

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 STEVEN H. MEZER 3/17/05
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CROFT, WILLIAM 7010 ALTURAS TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 16105 N. FLORIDA #A LUTZ, FL 33549
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLEN, DIANA 6907 MEXICALA CT TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 16105 N. FLORIDA #A LUTZ, FL 33549
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUMES, MADGE 7201 LAGUNA CT. TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 16105 N. FLORIDA #A LUTZ, FL 33549
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DILLON, ALICE 7317 BAJA TAMPA, FL 33634	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAND, WALTON 16105 N. FLORIDA #A LUTZ FL 33549 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUBBS, JOHN 6913 MEXICALA CT TAMPA, FL 33634	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, ELIZABETH 16105 N. FLORIDA #A LUTZ, FL 33549 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAVLIN, JOHN 7635 DELEON TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 16105 N. FLORIDA #A LUTZ FL 33549

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: PRES DIANA ALLEN 4/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #