

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90260 020 ****61.25

DOCUMENT # N00000007342

1. Entity Name
MORSE FAMILY FOUNDATION, INC.



Principal Place of Business
ATTN: RAHUL RANDIVE
1200 BRICKELL AVE 19TH
MIAMI, FL 33131

Mailing Address
ATTN: RAHUL RANDIVE
1200 BRICKELL AVE 19TH
MIAMI, FL 33131

50042081



04152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
ATTN: AILTHEUS DEATH / HOLLAND KNIGHT
Suite, Apt. #, etc.

701 BRICKELL AVE, STE. 3000

City & State
MIAMI, FL

Zip
33131

Country
USA

3. Mailing Address
ATTN: M. GRAHAM / HOLLAND KNIGHT
Suite, Apt. #, etc.

P.O. Box 2329

City & State
SANCTA FE, CA

Zip
92067

Country
USA

4. FEI Number
65-1103420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD.
SUITE 505
AVENTURA, FL 33180

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 re-registering)

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
MORSE, SHERRY
436 LAKE ST
SAN FRANCISCO, CA 94118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MACCABEE, JOHN
436 LAKE ST.
SAN FRANCISCO, CA 94118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TULEJA, NOAH
792 S CLARIZZ BLVD
BLOOMINGTON, FL 47401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MORSE, LINDA
190 STANFORD AVE
KENSINGTON, CA 94708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TULEJA, NOAH
190 STANFORD AVE.
KENSINGTON, CA 94708 ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-05 570-555-4742