

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007342

FILED
Mar 29, 2009
Secretary of State

Entity Name: MORSE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

190 STANFORD AVE
KENSINGTON, CA 94708

New Principal Place of Business:

Current Mailing Address:

190 STANFORD AVE
KENSINGTON, CA 94708

New Mailing Address:

FEI Number: 65-1103420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MORSE, SHERRY
Address: 436 LAKE ST
City-St-Zip: SAN FRANCISCO, CA 94118

Title: D () Delete
Name: MACCABEE, JOHN
Address: 436 LAKE ST.
City-St-Zip: SAN FRANCISCO, CA 94118

Title: D () Delete
Name: TULEJA, NOAH
Address: POB 1910
City-St-Zip: NEWPORT, RI 02840

Title: PD () Delete
Name: MORSE, LINDA
Address: 190 STANFORD AVE
City-St-Zip: KENSINGTON, CA 94708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TULEJA, NOAH
Address: 372 PURGATORY ROAD
City-St-Zip: MIDDLETOWN, RI 02842

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA MORSE

PD

03/29/2009

Electronic Signature of Signing Officer or Director

Date