


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90042 040 \*\*\*\*61.25

**DOCUMENT # N00000007442**

1. Entity Name  
**MORNINGSIDE HISTORIC EDUCATION SOCIETY, INC.**



Principal Place of Business 679 NE 58TH STREET MIAMI, FL 33137	c/o Bruce Baldwin 5901 NE 6 Court Miami, FL 33137	Mailing Address 679 NE 58TH STREET MIAMI, FL 33137	c/o Bruce Baldwin 5901 NE 6 Court Miami, FL 33137
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**50030811**



02022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1053273</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DINER, JESSE H ESQ  
 ATKINSON DINER STONE ET AL.  
 1946 TYLER STREET  
 HOLLYWOOD, FL 33020**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCOY, PATRICK 679 NE 58 ST MIAMI, FL 33137	PD Bruce B. Baldwin 5901 NE 6 Court Miami, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DINER, JESSE H 644 NE 57 ST MIAMI, FL 33137	VPD Catherine Hite 620 NE 51 Street Miami, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROBERTSON, ALYCE 5991 NE 6 CT MIAMI, FL 33137	SD Tim Lincoln 450 NE 52 Terrace Miami, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TD Brian Miller 478 NE 56 Street Miami, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

**DO NOT WRITE IN THIS SPACE**

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: *X*  **Brian P. Miller** *X* **March 23, 2005** **305-374-5600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #