

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007442

FILED
Jan 24, 2006
Secretary of State

Entity Name: MORNINGSIDE HISTORIC EDUCATION SOCIETY, INC.

Current Principal Place of Business:

679 NE 58TH STREET
MIAMI, FL 33137

New Principal Place of Business:

478 NE 56 STREET
MIAMI, FL 33137

Current Mailing Address:

679 NE 58TH STREET
MIAMI, FL 33137

New Mailing Address:

478 NE 56 STREET
MIAMI, FL 33137

FEI Number: 65-1053273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HITE, CATHERINE ESQ
799 BRICKELL PLAZA
700
MIAMI, FL 33131 US

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: CATHERINE HITE, ESQ.

01/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALDWIN, BRUCE
Address: 5901 NE 6 COURT
City-St-Zip: MIAMI, FL 33137

Title: VPD () Delete
Name: HITE, CATHERINE
Address: 620 NE 51 STREET
City-St-Zip: MIAMI, FL 33137

Title: SD () Delete
Name: LINCOLN, TIM
Address: 450 NE 52 TERRACE
City-St-Zip: MIAMI, FL 33137

Title: TD () Delete
Name: MILLER, BRIAN
Address: 478 NE 56 STREET
City-St-Zip: MIAMI, FL 33137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: MILLER, ASHLEY
Address: 478 NE 56 STREET
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE HITE

VP

01/24/2006

Electronic Signature of Signing Officer or Director

Date