


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000008304</b> 1. Entity Name <b>MORCOM FOUNDATION, INC.</b>	
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Principal Place of Business <b>339 CORAL WAY W. INDIALANTIC, FL 32903</b>	Mailing Address <b>339 CORAL WAY W. INDIALANTIC, FL 32903</b>
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01132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3759718</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MORCOM, W. RUSSELL 339 CORAL WAY W. INDIALANTIC, FL 32903</b>
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**DO NOT WRITE  
IN THIS SPACE**

9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORCOM, W. RUSSELL 339 CORAL WAY W. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORCOM, EUGENIA M 339 CORAL WAY W. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORCOM, BRAD A 339 CORAL WAY W. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORCOM, TODD R 339 CORAL WAY W. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/15/04-80042-004 61.25

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.

<b>SIGNATURE:</b> <u><i>W Russell Morcom</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1-13-2004</u> <u>(321) 427-3128</u> <small>Date Daytime Phone #</small>
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