

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90024 010 \*\*\*\*61.25

<b>DOCUMENT # N01000008304</b> 1. Entity Name <b>MORCOM FOUNDATION, INC.</b>					
Principal Place of Business <b>339 CORAL WAY W. INDIALANTIC, FL 32903</b>				Mailing Address <b>339 CORAL WAY W. INDIALANTIC, FL 32903</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3759718</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MORCOM, W. RUSSELL 339 CORAL WAY W. INDIALANTIC, FL 32903</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE <i>W Russell Morcom</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <b>W RUSSELL MORCOM</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> <b>1.25.2005</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D MORCOM, W. RUSSELL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORCOM, W. RUSSELL		NAME		
STREET ADDRESS	339 CORAL WAY W.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D MORCOM, EUGENIA M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORCOM, EUGENIA M		NAME		
STREET ADDRESS	339 CORAL WAY W.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D MORCOM, BRAD A <input type="checkbox"/> Delete		TITLE	D MORCOM, BRAD A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORCOM, BRAD A		NAME	MORCOM, BRAD A	
STREET ADDRESS	339 CORAL WAY W.		STREET ADDRESS	12750 MARSH COVE DRIVE SOUTH	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D MORCOM, TODD R <input type="checkbox"/> Delete		TITLE	D MORCOM, TODD R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORCOM, TODD R		NAME	MORCOM, TODD R	
STREET ADDRESS	339 CORAL WAY W		STREET ADDRESS	131 CARDINAL DRIVE	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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> <i>W Russell Morcom</i> <b>W RUSSELL MORCOM</b>			<b>1.25.2005</b> <b>(321) 427-3128</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		