

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000008304

1. Entity Name
MORCOM FOUNDATION, INC.



Principal Place of Business
339 CORAL WAY W.
INDIALANTIC, FL 32903

Mailing Address
339 CORAL WAY W.
INDIALANTIC, FL 32903



01212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3759718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORCOM, W. RUSSELL
339 CORAL WAY W.
INDIALANTIC, FL 32903

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORCOM, W. RUSSELL
STREET ADDRESS	339 CORAL WAY W.
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	D
NAME	MORCOM, EUGENIA M
STREET ADDRESS	339 CORAL WAY W.
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	D
NAME	MORCOM, BRAD A
STREET ADDRESS	12750 MARSH COVE DRIVE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	MORCOM, TODD R
STREET ADDRESS	131 CARDINAL DRIVE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80038-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

W Russell Morcom