

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90050 049 ****61.25

DOCUMENT # N03000003162

1. Entity Name

**R. L. MORGAN EVANGELISTIC ASSOCIATION
INCORPORATED**



Principal Place of Business

**803 SOUTH BERMUDA BLVD
TAMPA FL 33605**

Mailing Address

**803 SOUTH BERMUDA BLVD
TAMPA FL 33605**

2. Principal Place of Business

12720 Lem Simmons ST.

Suite, Apt. #, etc.

3. Mailing Address

12720 Lem Simmons ST.

Suite, Apt. #, etc.

City & State

Thonotosassa, FL

Zip

33592

Country

USA

City & State

Thonotosassa, FL

Zip

33592

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORGAN, ROBERT L
803 SOUTH BERMUDA BLVD
TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert L. Morgan **Robert L. Morgan** **2/2/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MORGAN, ROBERT L
STREET ADDRESS 803 SOUTH BERMUDA BLVD
CITY-ST-ZIP TAMPA FL 33605

TITLE VD ☐ Delete
NAME VAUGHN, BRINDA
STREET ADDRESS 3660 SR. 580 WEST
CITY-ST-ZIP OLDSMAR FL 34667

TITLE STD ☒ Delete
NAME DOMINGUEZ, JONATHAN
STREET ADDRESS 412 MEADOWS LANE
CITY-ST-ZIP OLDSMAR FL 34667

TITLE D ☐ Delete
NAME CLANTON, DOUG
STREET ADDRESS 38065 NORTH COVE CREEK RD. #31
CITY-ST-ZIP COVE CREEK AZ 85331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Taylor, Debreita
STREET ADDRESS 1103 Doris ST.
CITY-ST-ZIP Altamonte, FL 32714
Springs

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Robert L. Morgan **Robert L. Morgan** **2/2/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-982-1444