


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # N04000000055 1. Entity Name THE GLENDA G. MORGAN CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 114 CAMPHOR TREE LANE ALTAMONTE SPRINGS, FL 32714	Mailing Address 114 CAMPHOR TREE LANE ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-0525462	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORGAN, PAUL W
114 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, PAUL W 114 CAMPHOR TREE LANE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, GLENDA G 114 CAMPHOR TREE LANE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WORTHINGTON, DANIEL G 2809 N. ORANGE AVE. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASH, JOHN T 11 S. BUMBY AVE., #150 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, EDWARD 545 EATON ST. EATONVILLE, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, BRETT PO BOX 940425 MAITLAND, FL 32794

**DO NOT WRITE
IN THIS SPACE**

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02/20/08-80105-017 70.00

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: Brett Morgan 2/6/08 (407) 539-4539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #