2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N04000000055

Entity Name: THE GLENDA G. MORGAN CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

114 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

114 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-0525462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MORGAN, PAUL W	
Address:	114 CAMPHOR TREE LANE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D	( ) Delete
Name:	MORGAN, GLENDA G	
Address:	114 CAMPHOR TREE LANE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	VD	( ) Delete
Name:	WORTHINGTON, DANIEL G	
Address:	2809 N. ORANGE AVE.	
City-St-Zip:	ORLANDO, FL 32804	
Title:	D	( ) Delete
Name:	CASH, JOHN T	
Address:	11 S. BUMBY AVE., #150	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	COLE, EDWARD	
Address:	545 EATON ST.	
City-St-Zip:	EATONVILLE, FL 32751	
Title:	MGR	( ) Delete
Name:	MORGAN, BRETT	
Address:	PO BOX 940425	
City-St-Zip:	MAITLAND, FL 32794	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	CIPRIANO, DENISE	
Address:	1120 ACADEMY DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRETT E MORGAN MGR 04/07/2009
Electronic Signature of Signing Officer or Director — Date