2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000200

1. Entity Name
THE MOREY FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
6319 BURNHAM RD NAPLES, FL 34119	6319 BURNHAM RD NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0559815
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOREY, RONALD J
6319 BURNHAM RD
NAPLES, FL 34119

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000436290
02/27/06-80031-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOREY, RONALD J
STREET ADDRESS	6319 BURNHAM RD
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	MOREY, BRENDA A
STREET ADDRESS	6319 BURNHAM RD
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	MOREY, GREGORY D
STREET ADDRESS	353 BLANCA AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	MOREY, JED R
STREET ADDRESS	151 DOSORIS LANE
CITY-ST-ZIP	GLEN COVE, NY 11542
TITLE	D
NAME	MOREY, TAMMY
STREET ADDRESS	353 BLANCA AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	MOREY, EDEN
STREET ADDRESS	151 DOSORIS LANE
CITY-ST-ZIP	GLEN COVE, NY 11542

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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: Ronald J Morey 2/13/06 2395985392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #