2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000000200

Entity Name: THE MOREY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

6319 BURNHAM RD
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

6319 BURNHAM RD
NAPLES, FL 34119

New Mailing Address:

FEI Number: 20-0559815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOREY, RONALD J
6319 BURNHAM RD
NAPLES, FL 34119 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: MOREY, RONALD J
Address: 6319 BURNHAM RD
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: MOREY, BRENDA A
Address: 6319 BURNHAM RD
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: MOREY, GREGORY D
Address: 353 BLANCA AVE
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: MOREY, JED R
Address: 151 DOSORIS LANE
City-St-Zip: GLEN COVE, NY 11542

Title: D ( ) Delete
Name: MOREY, TAMMY
Address: 353 BLANCA AVE
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: MOREY, EDEN
Address: 151 DOSORIS LANE
City-St-Zip: GLEN COVE, NY 11542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RONALD J MOREY PRES 04/14/2009

Electronic Signature of Signing Officer or Director — Date