

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002987

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: FRIENDS OF MORNING MEADOW INC.

## Current Principal Place of Business:

P.O. BOX 2694  
GAINESVILLE, FL 32602

## New Principal Place of Business:

813 NW 6TH STREET  
GAINESVILLE, FL 32601

## Current Mailing Address:

P.O. BOX 2694  
GAINESVILLE, FL 32602

## New Mailing Address:

FEI Number: 56-2455786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLSHEK, PETER M  
1715 NW 8TH AVE  
GAINESVILLE, FL 32603      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: THOMAS, STEWART  
Address: 229 SE 8TH STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: D      ( ) Delete  
Name: POLSHEK, PETER  
Address: 1715 NW 8TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32603

Title: D      ( ) Delete  
Name: MURPHY-PAK, SANDRA  
Address: 815 NW 20TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32603

Title: D      ( ) Delete  
Name: WEISSMAN, SHARON  
Address: 12005 SW 99TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D      ( ) Delete  
Name: SHARPE, ASHLEE  
Address: 604 SW 43RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D      (X) Delete  
Name: BARROW, JOHN  
Address: 503 SW 23RD PLACE  
City-St-Zip: GAINESVILLE, FL 32601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D      (X) Change ( ) Addition  
Name: MURPHY-PAK, SANDRA  
Address: 212 SW 42ND STREET  
City-St-Zip: GAINESVILLE, FL 32607

Title: D      (X) Change ( ) Addition  
Name: BRADY, MAURA  
Address: 526 NE 6TH STREET  
City-St-Zip: GAINESVILLE, FL 32601

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: PETER POLSHEK

D

04/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date