

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90015 024 \*\*\*\*61.25

**DOCUMENT # N04000006730**

1. Entity Name

THE 6 M COMPANY FOUNDATION, INC.



Principal Place of Business

6266 WHISPERING WAY  
ORLANDO FL 32807

Mailing Address

6266 WHISPERING WAY  
ORLANDO FL 32807



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORALL, BEN  
6266 WHISPERING WAY  
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: COB ☐ Delete  
NAME: MORALL, BEN JR  
STREET ADDRESS: 6266 WHISPERING WAY  
CITY- ST- ZIP: ORLANDO FL 32807

TITLE: P ☐ Delete  
NAME: MORALL, DENIYA L  
STREET ADDRESS: 6266 WHISPERING WAY  
CITY- ST- ZIP: ORLANDO FL 32807

TITLE: T ☐ Delete  
NAME: MORALL, DORIS S  
STREET ADDRESS: 6266 WHISPERING WAY  
CITY- ST- ZIP: ORLANDO FL 32807

TITLE: S ☐ Delete  
NAME: MORELL, BEN III  
STREET ADDRESS: 6266 WHISPERING WAY  
CITY- ST- ZIP: ORLANDO FL 32807

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☒ Change ☐ Addition  
NAME: Morall, Ben III  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Doris S. Morall* = Doris S. Morall

3/14/07 407-277-1900