## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Jul 16, 2007 8:00 am Secretary of State DOCUMENT # N06000009700 07-16-2007 90129 020 \*\*\*\*61.25 1. Entity Name THE CANTY MORLEY FOUNDATION, INC. Principal Place of Business Mailing Address **4950 BOTTLEBRUSH LANE 4950 BOTTLEBRUSH LANE** ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 20 - 564 3984 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORLEY, LANCE L Street Address (P.O. Box Number is Not Acceptable) **5284 WELLINGTON PARK CIRCLE** ORLANDO, FL 32839 Zip Code FL 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) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete Addition TITLE TITLE Change Lance L. Mortey 5284 Wellington Park Circle A18 MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, Fi VP/D Addition TITLE ☐ Delete TMF ☐ Change NAME NAME Jamila Canto STREET ADDRESS STREET ADDRESS ane #203 49,50 Battlebrush L CITY-ST-ZIP CITY-ST-7IP Orlando, 32808 Addition Detets TITLE TITEF Justin Williams 39370 Civic Center Drive # 317 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fremont, CA 94538 ☐ Delete **∏** Addition TITLE Afrifah Bobbie NAME NAME 2024 Honey Dew Lane NW STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Kennesaw, ☐ Change Addition Delete TITLE NAME NAME Pamela Allen STREET ADDRESS 2403 Benkley Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TM F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trusted 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 addjess, with\_ell, other like empowered.

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