2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N94000005993

Entity Name: HAROLD M. AND MARY B. MORRIS CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

437 HOLIDAY DRIVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

437 HOLIDAY DRIVE
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0540242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, FRANK T
1101 BRICKEL AVE.
SUITE 1801
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ADAMS, FRANK T
100 N.E. THIRD AVENUE
SUITE 280
FORT LAUDERDALE, FL 33301 US

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: HAROLD M. MORRIS 03/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORRIS, HAROLD M
Address: 437 HOLIDAY DR.
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: MORRIS, MARY B
Address: 437 HOLIDAY DR.
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: SHABEL, ARLEEN
Address: 751 MILL ST.
City-St-Zip: MOORESTOWN, NJ 08057

Title: D ( ) Delete
Name: MORRIS, BARRY N
Address: 945 S. ANDREWS LANE
City-St-Zip: LOUISVILLE, CO 80027

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: D (X) Change ( ) Addition
Name: MORRIS, BARRY N
Address: 52 MONROE STREET
City-St-Zip: DENVER, CO 80206

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: HAROLD M. MORRIS PRES 03/15/2009
Electronic Signature of Signing Officer or Director Date