## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000002448

FILED Apr 28, 2006 Secretary of State

Entity Name: MORGAN TIRE EMPLOYEE EMERGENCY ASSISTANCE FUND, INC. **Current Principal Place of Business: New Principal Place of Business:** 101 E. KENNEDY BLVD. 2021 SUNNYDALE BLVD. **SUITE 2800** CLEARWATER, FL 33765 TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** P.O. BOX 172609 2021 SUNNYDALE BLVD. TAMPA, FL 33672 CLEARWATER, FL 33765 FEI Number: 59-3155312 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THORN, W. THOMPSON III THORN, W. THOMPSON III 101 E. KENNEDY BLVD. STE. 2800 1101 CHANNELSIDE DRIVE SUITE 266 TAMPA, FL 336020609 US TAMPA, FL 33602 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: 04/28/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WATTERSON, STUART E Name: Name: Address: 2021 SUNNYDALE BLVD. Address: City-St-Zip: CLEARWATER, FL 34625 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CARROLL, SUSAN B Name: Address: 2021 SUNNYDALE BOULEVARD Address: City-St-Zip: CLEARWATER, FL 34625 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SLATTERY, KEVIN J Name: CRAIG, WHITE Name: 2021 SUNNYDALE BLVD 2021 SUNNYDALE BLVD Address: Address: City-St-Zip: CLEARWATER, FL 34625 City-St-Zip: CLEARWATER, FL 34625

I hereby certify that the information supplied with this filing does not qualify for the 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: STUART E. WATTERSON D 04/28/2006