

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90025 013 \*\*\*\*70.00

**DOCUMENT # N97000002448**

1. Entity Name  
**MORGAN TIRE EMPLOYEE EMERGENCY ASSISTANCE  
FUND, INC.**



Principal Place of Business

2021 SUNNYDALE BLVD.  
CLEARWATER, FL 33765

Mailing Address

2021 SUNNYDALE BLVD.  
CLEARWATER, FL 33765

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3155312**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THORN, W. THOMPSON III  
100 S. ASHLEY DRIVE  
SUITE 1500  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WATTERSON, STUART E  
2021 SUNNYDALE BLVD.  
CLEARWATER, FL 34625

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HYDE, TRUMAN  
2021 SUNNYDALE BOULEVARD  
CLEARWATER, FL 34625

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CRAIG, WHITE  
2021 SUNNYDALE BLVD  
CLEARWATER, FL 34625

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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:

*[Signature]*

CRAIG F. WHITE

1-22-08

727-441-3727X1027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #