

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002448

FILED  
Apr 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2021 SUNNYDALE BLVD.  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

2021 SUNNYDALE BLVD.  
CLEARWATER, FL 33765

**New Mailing Address:**

PO BOX 81070  
CLEVELAND, OH 44181

**FEI Number:** 59-3155312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WATTERSON, STUART E  
Address: 2021 SUNNYDALE BLVD.  
City-St-Zip: CLEARWATER, FL 34625

Title: D ( ) Delete  
Name: HYDE, TRUMAN  
Address: 2021 SUNNYDALE BOULEVARD  
City-St-Zip: CLEARWATER, FL 34625

Title: D ( ) Delete  
Name: CRAIG, WHITE  
Address: 2021 SUNNYDALE BLVD  
City-St-Zip: CLEARWATER, FL 34625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: SMITH, SHARON  
Address: 2021 SUNNYDALE BLVD.  
City-St-Zip: CLEARWATER, FL 34625

Title: TREA (X) Change ( ) Addition  
Name: JOHNSEN, JOHN  
Address: 2021 SUNNYDALE BOULEVARD  
City-St-Zip: CLEARWATER, FL 34625

Title: SEC (X) Change ( ) Addition  
Name: SMITH, AMANDA  
Address: 2021 SUNNYDALE BLVD  
City-St-Zip: CLEARWATER, FL 34625

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: CAROL LOOYMANS

ACCT

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date