

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90395 029 *****50.00
05-15-2006 90037 030 *****11.25

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1. Entity Name

THE PEDRO & CARLOS MORRISON FOUNDATION, INC.



Principal Place of Business

3720 SOUTH DIXIE HWY
STE 1
WEST PALM BEACH, FL 33401

Mailing Address

222 LAKEVIEW AVE PH-5
WEST PALM BEACH, FL 33401



04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0874124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KOEPEL, JOEL P
222 LAKEVIEW AVE PH-5
WEST PALM BEACH, FL 33401

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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 releasing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORRISON, CARLOS S
STREET ADDRESS 222 LAKEVIEW AVE PH-5
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ST
NAME COHEN, LOUIS M
STREET ADDRESS 222 LAKEVIEW AVE PH-5
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

Date

Daytime Phone #

561-832-6070