

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90097 045 ****61.25

DOCUMENT # N98000006444

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**

40075200



04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOEPPPEL, JOEL P
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401**

**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 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 V
NAME MORRISON, THOMAS
STREET ADDRESS 222 LAKEVIEW AVE PH5
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/14/08

561-832-6070
Daytime Phone #