


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000005294	
1. Entity Name W.T. MORGAN III FAMILY FOUNDATION, INC.	

Principal Place of Business 918 SOUTH GOLFVIEW STREET TAMPA, FL 33629	Mailing Address 918 SOUTH GOLFVIEW STREET TAMPA, FL 33629
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**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3635268	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  HENDEE, BRETT ESQ. 1700 S. MACDILL AVE., SUITE 200 TAMPA, FL 33629-5218
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, WILLIAM T III 918 SOUTH GOLFVIEW STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MORGAN, BERDINA T 918 SOUTH GOLFVIEW STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR, THOMAS D 1700 S MACDILL AVE., #340 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/04/05-80067-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>W.T. Morgan III</u> 3-28-05 (813) 258-1177	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		