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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100585

1. Corporation Name

MORNING GLORY ASSISTED LIVING, INC.

Principal Place of Business

106 ESTIA LANE
PORT ST. LUCIE FL 34983

Mailing Address

106 ESTIA LANE
PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1997

4. FEI Number

65-0815355

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 614 Ramie Ln.

Suite, Apt. #, etc.

22 City & State

23 Pt. St. Lucie, FL

Zip

24 34952

Country

25 St. Lucie

2a. Mailing Address

26 614 Ramie Ln.

Suite, Apt. #, etc.

27 City & State

28 Pt. St. Lucie, FL

Zip

29 34952

Country

30 St. Lucie

9. Name and Address of Current Registered Agent

MOORE, MARY
106 ESTIA LANE
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

Mary Moore

82 Street Address (P.O. Box Number is Not Acceptable)

614 Ramie Ln.

83

Pt. St. Lucie

84

City

FL

85

Zip Code
34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mary Moore
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME MOORE, MARY
STREET ADDRESS 106 ESTIA LANE
CITY-ST-ZIP PORT ST. LUCIE FL 34983

☐ DELETE

TITLE V
NAME MIMS, RAYMOND
STREET ADDRESS 185 CARDEN DR.
CITY-ST-ZIP ELIZABETH TN 37692

☐ DELETE

TITLE S
NAME BRUNSON, VIOLA
STREET ADDRESS 1402 CITRUS AVENUE
CITY-ST-ZIP FT. PIERCE FL 34950

☐ DELETE

TITLE T
NAME SHAW, JACK W JR.
STREET ADDRESS 12 BAY ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Mary Moore
1.3 STREET ADDRESS 614 Ramie Ln.
1.4 CITY-ST-ZIP Port St. Lucie, FL 34952

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

Mary Moore

Date

1/11/99

Daytime Phone #

(561) 336 5224

CR2E034 (11/98)