

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90074 046 ****61.25

DOCUMENT # N00000007442



1. Entity Name
MORNINGSIDE HISTORIC EDUCATION SOCIETY, INC.

Principal Place of Business
**679 NE 58TH STREET
MIAMI FL 33137**

Mailing Address
**679 NE 58TH STREET
MIAMI FL 33137**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1053273**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DINER, JESSE H ESO~~
~~ATKINSON DINER STONE ET AL.~~
~~1946 TYLER STREET~~
~~HOLLYWOOD FL 33020~~

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOY, PATRICK	
STREET ADDRESS	679 NE 58 ST	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MEADOWS, GAIL	
STREET ADDRESS	5731 NE 6 AVE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DINER, JESSE H	
STREET ADDRESS	644 NE 57 ST	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERTSON, ALYCE	
STREET ADDRESS	5991 NE 6 CT	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Jesse H. Diner* 1/18/03 954-925-5501

CR2E037 (10/02)