WEST PALM BEACH, FL 33401         Current Malling Address:         222 LAKEVIEW AVE PH-5         WEST PALM BEACH, FL 33401         FEI Number: 65-0874124       Certificate of Status Desire         Name and Adress of Current Registered Agent:         MORRISON, THOMAS         222 LAKEVIEW AVE NUE         PH 5         WEST PALM BEACH, FL 33401 US         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridate         SIGNATURE:       THOMAS MORRISON         Electronic Signature of Registered Agent         Mile       NORRISON, CARLOS S         Name       MORRISON, CARLOS S         Name       COHEN, LOUIS M         Address       222 LAKEVIEW AVE PH-5         City-State-Zip:       WEST PALM BEACH FL 33401         Title       V         Name       MORRISON, CARLOS S         Name       MORRISON, CARLOS S         VEST PALM BEACH FL 33401       City-State-Zip:         WEST PALM BEACH FL 33401       City-State-Zip:         WEST PALM BEACH FL 33401       City-State-Zip:         Mame       MORRISON, THOMAS         Address       222 LAKEVIEW AVE PH-5         City-State-Zip:       WEST PALM BEACH F	PH 5	AVENUE			
222 LAKEVIEW AVE PH-5 WEST PALM BEACH, FL 33401       Certificate of Status Desire         FEI Number: 65-0874124         Certificate of Status Desire         Mame and Address of Current Registered Agent:         MORRISON, THOMAS 222 LAKEVIEW AVENUE PH 5 WEST PALM BEACH, FL 33401 US       Certificate of Status Desire         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridate SIGNATURE:       100         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridate SIGNATURE:       100         The above name on thity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridate SIGNATURE:       100         The above name on thity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridate SIGNATURE:       100         The above name on thity submits this statement for the purpose of changing its registered agent       00         Certeric Signature of Registered Agent       00         Colspan="2">1016       22 LAKEVIEW AVE PH-5         Colspan="2">Colspan="2">20 LAKEVIEW AVE PH-5         Colspan= 22 LAKEVIEW AVE PH-5	-	EACH, FL 33401			
WEST PALM BEACH, FL 33401         FEI Number: 65-0874124       Certificate of Status Desire         Name and Address of Current Registered Agent:         MORRISON, THOMAS       Substrate of Status Desire         222 LAKEVIEW AVENUE       PH 5         WEST PALM BEACH, FL 33401 US       The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridate         SIGNATURE:       THOMAS MORRISON       0         Electronic Signature of Registered Agent       O         Officer/Director Detail :       Title       ST         Name       MORRISON, CARLOS S       Name       COHEN, LOUIS M         Address       222 LAKEVIEW AVE PH-5       City-State-Zip:       WEST PALM BEACH FL 33401         Title       V         Name       MORRISON, THOMAS         Address       222 LAKEVIEW AVE PH-5         City-State-Zip:       WEST PALM BEACH FL 33401         Title       V         Name       MORRISON, THOMAS         Address       222 LAKEVIEW AVE PH-5         City-State-Zip:<	Current Mai	ling Address:			
Name and Address of Current Registered Agent:         MORRISON, THOMAS         222 LAKEVIEW AVENUE         PH 5         WEST PALM BEACH, FL 33401 US         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridate         SIGNATURE: THOMAS MORRISON         Electronic Signature of Registered Agent         Officer/Director Detail:         Title       PD         Name       MORRISON, CARLOS S         Address       222 LAKEVIEW AVE PH-5         City-State-Zip:       WEST PALM BEACH FL 33401         Title       V         Name       MORRISON, THOMAS         Address       222 LAKEVIEW AVE PH-5         City-State-Zip:       WEST PALM BEACH FL 33401         City-State-Zip:       WEST PALM BEACH FL 33401					
MORRISON, THOMAS         222 LAREVIEW AVENUE         PH 5         WEST PALM BEACH, FL 33401 US         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridal         SIGNATURE: THOMAS MORRISON         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal         SIGNATURE: THOMAS MORRISON         Lectronic Signature of Registered Agent         Officer/Directronic Signature of Registered Agent         Title         PD         Title         Name         MORRISON, CARLOS S       Name         Address       222 LAKEVIEW AVE PH-5       Address       222 LAKEVIEW AVE PH-5         City-State-Zip:       WEST PALM BEACH FL 33401       City-State-Zip:       WEST PALM BEACH FL 33401         Title       V       V       Name       MORRISON, THOMAS         Address       222 LAKEVIEW AVE PH-5       State-Zip:       V         Name       MORRISON, THOMAS       Z       Z       Z         Address       222 LAKEVIEW AVE PH-5       State-Zip:       V <td>FEI Number</td> <td>: 65-0874124</td> <td></td> <td>Certificate of Status Desire</td> <td>ed: No</td>	FEI Number	: 65-0874124		Certificate of Status Desire	ed: No
222 LAKEVIEW AVENUE         PH 5         WEST PALM BEACH, FL 33401 US         The above name/ entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida         SIGNATURE:         THOMAS MORRISON         Electronic Signature of Registered Agent         Officer/Directr Detail :         Title       PD         Name       MORRISON, CARLOS S         Address       222 LAKEVIEW AVE PH-5         City-State-Zip:       WEST PALM BEACH FL 33401         Title       V         Name       MORRISON, THOMAS         Address       222 LAKEVIEW AVE PH-5         Kame       MORRISON, THOMAS         Address       222 LAKEVIEW AVE PH-5	Name and A	ddress of Current Registered Ager	nt:		
SIGNATURE:       THOMAS MORRISON       0         Electronic Signature of Registered Agent       0         Officer/Director Detail :         Title       PD       Title       ST         Name       MORRISON, CARLOS S       Name       COHEN, LOUIS M         Address       222 LAKEVIEW AVE PH-5       Address       222 LAKEVIEW AVE PH-5         City-State-Zip:       WEST PALM BEACH FL 33401       City-State-Zip:       WEST PALM BEACH FL 33401         Title       V       Name       MORRISON, THOMAS       June MORRISON, THOMAS         Address       222 LAKEVIEW AVE PH-5       Lity-State-Zip:       WEST PALM BEACH FL 33401	222 LAKEVIEW PH 5	AVENUE			
Electronic Signature of Registered AgentOfficer/Director Detail :TitlePDTitleSTNameMORRISON, CARLOS SNameCOHEN, LOUIS MAddress222 LAKEVIEW AVE PH-5Address222 LAKEVIEW AVE PH-5City-State-Zip:WEST PALM BEACH FL 33401City-State-Zip:WEST PALM BEACH FL 33401TitleVVVVNameMORRISON, THOMAS222 LAKEVIEW AVE PH-5State-Zip:Address222 LAKEVIEW AVE PH-5City-State-Zip:WEST PALM BEACH FL 33401	The above name	d entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both, in the State of Floric	la.
Officer/Director Detail:TitlePDTitleSTNameMORRISON, CARLOS SNameCOHEN, LOUIS MAddress222 LAKEVIEW AVE PH-5Address222 LAKEVIEW AVE PH-5City-State-Zip:WEST PALM BEACH FL 33401City-State-Zip:WEST PALM BEACH FL 33401TitleVTitleVNameMORRISON, THOMASState-Zip:State-Zip:Address222 LAKEVIEW AVE PH-5State-Zip:State-Zip:Address0State-Zip:State-Zip:MameMORRISON, THOMASState-Zip:State-Zip:Address222 LAKEVIEW AVE PH-5State-Zip:	SIGNATURE	E: THOMAS MORRISON			
TitlePDTitleSTNameMORRISON, CARLOS SNameCHEN, LOUIS MAddress22 LAKEVIEW AVE PH-5Address22 LAKEVIEW AVE PH-5City-State-ZipWEST PALM BEACH FL 33401City-State-ZipWEST PALM BEACH FL 33401TitleVVVVNameMORRISON, THOMASVVVAddress22 LAKEVIEW AVE PH-5VV					01/17/2020
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Address222 LAKEVIEW AVE PH-5Address222 LAKEVIEW AVE PH-5City-State-Zip:WEST PALM BEACH FL 33401City-State-Zip:WEST PALM BEACH FL 33401TitleVVVVNameMORRISON, THOMASVVAddress222 LAKEVIEW AVE PH-5V	Officer/Dire	<u> </u>			
City-State-Zip:WEST PALM BEACH FL 33401City-State-Zip:WEST PALM BEACH FL 33401TitleVNameMORRISON, THOMASAddress222 LAKEVIEW AVE PH-5		ctor Detail :	Title		
Title     V       Name     MORRISON, THOMAS       Address     222 LAKEVIEW AVE PH-5	Title	ctor Detail : PD		ST	
Name     MORRISON, THOMAS       Address     222 LAKEVIEW AVE PH-5	Title Name	ctor Detail : PD MORRISON, CARLOS S	Name	ST COHEN, LOUIS M	
Address 222 LAKEVIEW AVE PH-5	Title Name Address	Ctor Detail : PD MORRISON, CARLOS S 222 LAKEVIEW AVE PH-5	Name Address	ST COHEN, LOUIS M 222 LAKEVIEW AVE PH-5	
	Title Name Address City-State-Zip:	Ctor Detail : PD MORRISON, CARLOS S 222 LAKEVIEW AVE PH-5 WEST PALM BEACH FL 33401	Name Address	ST COHEN, LOUIS M 222 LAKEVIEW AVE PH-5	
	Title Name Address City-State-Zip: Title	Ctor Detail : PD MORRISON, CARLOS S 222 LAKEVIEW AVE PH-5 WEST PALM BEACH FL 33401 V	Name Address	ST COHEN, LOUIS M 222 LAKEVIEW AVE PH-5	
City-State-Zip: WEST PALM BEACH FL 33401	Title Name Address City-State-Zip: Title Name	Ctor Detail : PD MORRISON, CARLOS S 222 LAKEVIEW AVE PH-5 WEST PALM BEACH FL 33401 V MORRISON, THOMAS	Name Address	ST COHEN, LOUIS M 222 LAKEVIEW AVE PH-5	

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE PEDRO & CARLOS MORRISON FOUNDATION, INC.

DOCUMENT# N9800006444

**Current Principal Place of Business:** 

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

## SIGNATURE: THOMAS MORRISON

Electronic Signature of Signing Officer/Director Detail

OWNER

01/17/2020

## Date

## FILED Jan 17, 2020 Secretary of State 7806661462CC