


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90075 042 ****61.25

DOCUMENT # N00000001266	
1. Entity Name THE JACK & MARY MURRAY FOUNDATION, INC.	

Principal Place of Business 777 HARBOR ISLAND BLVD STE 760 TAMPA, FL 33602	Mailing Address 777 HARBOR ISLAND BLVD STE 760 TAMPA, FL 33602
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94044433



2. Principal Place of Business 1700 S. MACDILL AVE Suite, Apt. #, etc. Ste 220		3. Mailing Address 1700 S. MACDILL AVE Suite, Apt. #, etc. ste 220		01122004 Chg-NP CR2E037 (10/03)
City & State TAMPA FL		City & State TAMPA, FL 33		4. FEI Number 59-3629657
Zip 33629	Country USA	Zip 33629	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, J. ERIC 101 E. KENNEDY BLVD., STE. 2700 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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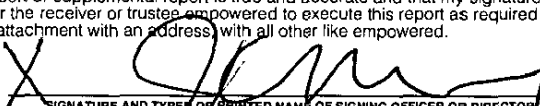
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MURRAY, JAMES K III 777 HARBOR ISLAND BLVD STE 760 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 S. MACDILL AVE - #220 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, MARY B 777 HARBOR ISLAND BLVD STE 760 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 S. MACDILL AVE - #220 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, SANDRA H 777 HARBOR ISLAND BLVD STE 760 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 S. MACDILL AVE - #220 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ Date _____ Daytime Phone # _____