2007 NOT-FOR-PROFIT CORPC RATION ANNUAL REPORT (AR

SIGNATURE:

Feb 12, 2007 8:00 am DOCUMENT # N02000009116 **Secretary of State** 1. Entity Name 02-12-2007 90105 029 ****61.25 THE JERRY F. MURDOCK FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 502 OCEOLA DRIVE DESTIN FL 32541 502-OCEOLA DRIVE DESTIN FL 32541 3. Mailing Address 441 Captains Ger Suito, Apt. #, ctc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 57-1139312 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired OKA LOUSA Fee Required A10054 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent same HELMICH, KEVIN M ESQ. Street Address (P.O. Box Number is Not Acceptable) 4481 LEGENDARY DRIVE SUITE 200 DESTIN FL 32541 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 DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. HILE ☐ Delete DHE ☐ Change ☐ Addition NAME NAME MURDOCK, JERRY F SR. 441 CANTAINS Cir STREET ADDRESS 502 OCEOLA DRIVE STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CHY-ST-ZIP THE Delete 1010 ☐ Change ☐ Addition NAME MURDOCK, GAYLE NAME 441 Captains Cir STREET ADDRESS STREET ADDRESS SC2 OCEOLA DRIVE CITY-ST-71P CUV-ST-7/P DESTIN FL 32541 DITTE Delete 1110 ☐ Change ☐ Addition NAME NAME MURDOCK, EDWARD L STREET ADDRESS 435 SOUTH FAIRVIEW STRUET ADDRESS CITY-ST-7IP CHY-ST-7/P LAVONIA GA 30553 шіг ☐ Delete шп ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY - ST- 7LP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition THE DITE NAM NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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.

FILED