

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000611

FILED
Jul 09, 2006
Secretary of State

Entity Name: DANIEL T. MURRAY FOUNDATION FOR CHILDREN WITH DISABILITIES INC.

Current Principal Place of Business:

2945 ROCKFORD FALLS DRIVE NORTH
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

2945 ROCKFORD FALLS DRIVE NORTH
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 30-0150606 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MURRAY, CAROLYN
2945 ROCKFORD FALLS DR N
JACKSONVILLE, FL 32224 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 Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MS () Delete
Name: MURRAY, CAROLYN S PRESIDE
Address: 2945 ROCKFORD FALLS DRIVE N
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROLYN MURRAY

MS.

07/09/2006

Electronic Signature of Signing Officer or Director

Date