# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 19, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # N04000000012

1. Entity Name
MURRAY FAMILY FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8665 BAY COLONY DRIVE<br>#403<br>NAPLES, FL 34108 | 8665 BAY COLONY DRIVE<br>#403<br>NAPLES, FL 34108 |

07122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
52-2421896
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOWRY HILL
305 5TH AVE S
#204
NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**

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 September 7, 2005**

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

100000037352O
07/19/05-80002-001 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | MURRAY, MARILYN S |
| STREET ADDRESS | 8665 BAY COLONY DRIVE #403 |
| CITY-ST-ZIP | NAPLES, FL 34108 |
| TITLE | V |
| NAME | HAYES, MEGAN S |
| STREET ADDRESS | 17435 32ND AVE N |
| CITY-ST-ZIP | PLYMOUTH, MN 55447 |
| TITLE | S |
| NAME | OLNESS, MARGOT |
| STREET ADDRESS | 1720 CROSBY ROAD |
| CITY-ST-ZIP | WAYZATA, MN 55391 |
| TITLE | T |
| NAME | MURRAY, KENNETH R |
| STREET ADDRESS | 8665 BAY COLONY DR #403 |
| CITY-ST-ZIP | NAPLES, FL 34108 |
| TITLE | A |
| NAME | LOWRY HILL, AGENT |
| STREET ADDRESS | 305 FIFTH AVE S #204 |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

Please Sign & Date

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 [illegible] 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:** Marilyn S. Murray 7/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #