


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000000012</b>		
1. Entity Name <b>MURRAY FAMILY FOUNDATION, INC.</b>		
Principal Place of Business <b>8665 BAY COLONY DRIVE #403 NAPLES, FL 34108</b>	Mailing Address <b>8665 BAY COLONY DRIVE #403 NAPLES, FL 34108</b>	



04182007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2421896</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LOWRY HILL 305 5TH AVE S #204 NAPLES, FL 34102</b>
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**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 *Paul Q. Hamaker / Lowry Hill* **4-27-07**  
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

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

U00000748349  
05/17/07-80062-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/07** **239-**  
**263-4161**