


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004500 1. Entity Name SAM AND GAIL MURDOUGH FAMILY FOUNDATION, INC.		
Principal Place of Business 5801 BENT PINE DR VERO BEACH, FL 32967	Mailing Address 5801 BENT PINE DR VERO BEACH, FL 32967	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MURDOUGH, SAMUEL C 5801 BENT PINE DR VERO BEACH, FL 32967		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE _____
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOUGH, SAMUEL C 5801 BENT PINE DR VERO BEACH, FL 32967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOUGH, GAIL M 5801 BENT PINE DR VERO BEACH, FL 32967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOUGH, CLARKE M 5801 BENT PINE DR VERO BEACH, FL 32967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
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: Samuel C. Murdough <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-6-06 772-564-9910 <small>Date Daytime Phone #</small>



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1875804	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/11/06-80024-021 61.25

DO NOT WRITE
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