FILE NOW: FILING FEEDS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N04031

(3)

1. Corporation Name							(
MARGARET M. MURRAY FOUNDATION, INC.									
Principal Place of Business Mailing Address							1 1091)(OX OX DOTA) BIO)(00100 CANS) AID	A BADII DEBU BIBA DIDII D	JADAH BIRBIH ADRI
#THOMAS J. JORDAN #THOMAS J. JORDAN 245 SE FIRST ST. SUITE 404 AMAMI FL 33131-1910 MIAMI FL 33131-1910									
	•			•			3. Date Incorporated or Qualified 07/05/1984	3a. Date of Last F 05/01/19	
2. Principal P	lace of Busin	ness	2a. Mailing Address				4. FEI Number 59-2425696		pplied For lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional lequired
22 City & State 23	8		City & Stato				6. Election Campaign Financing	\$5.00	May Be
23			28				Trust Fund Contribution Added to Fees		
Zip		Country	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No		
24			29 30			Florida Statutes 10. Name and Address of New Reg			
9. Name and Address of Current Registered Agent B1							10. Harris and Address of Hew Hey	stelen våelit	
IODOAN THOMAS I						Name			
Jordan, Thomas J. 245 Se First St					82	Street Add	ress (P.O. Box Number is Not Acceptable))	
PLAZA BUILDING, SUITE 404							71		
MIAMI FL 33131						0.5			<u> </u>
					84 City			FL 85 Zip	Code
1 . Pursuant	to the provis	ions of Sect 5 is 6 17 050	2 and 617: 1608, Flor	da Statutes,	the above	e-named corp	poration submits this statement for the pu	rpose of changing i	its registered
agent. I a	egist e re a at m familiar w	ith, and accept the oblig	ations of Section 6.	.u503, Florid	a Statutes	ine corporat 3.	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as	s registered
SIGNATURE		me 7					4/3	0/97	
	Signature, typed		eni and title 1 selicable.	(NOTE: Re		int signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DO AND DIDECTOR	DC IAL 10
12.	PD	OFFICERS AN		ELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME		N, THOMAS J.			1.2 NAME 1.3 STREET ADDRESS			Onlings	C) Modified
STREET ADORESS		FIRST ST, S-404							
CITY-ST-ZIP	MIAMI F	·		1.4 CITY-\$T-ZIP					
TITLE	D		□ c	ELETE 2.1 TITLE				Change	Addition
NAME	JORDAN	I, GERALDINE T.			22 NAME				
STREET ADDRESS	245 SE	FIRST ST, S-404			2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI F	<u>L</u>			2. 4 CITY-	ST-ZIP			
TITLE	D			ELETE	3.1 TITL€			Change	Addition
NAME		OROTHY AWN J	ORDAN		3.2 NAME				
STREET ADDRESS	245 SE Miami F	FIRST ST, S-404			3.3 STREET				
CITY-ST-ZIP	MIAMI	<u>'L</u>		ELETE	3.4. CITY-5	57 - ZIP		Change	Addition
TITLE			ا اسا	CCFIE	4.1 TITLE	{		charge	☐ Muulion
NAME STREET ADDRESS					4. 2 NAME	ADDDECC			
STREET ADDRESS CITY-ST-ZIP					4.3 STREET				ļ
TITLE			1 1	ELETE	4.4 CITY-S 5.1 TITLE	1-61		Change	Addition
NAME			<u> </u>		5.2 NAME	[
STREET ADDRESS					5.3 STREET	ADDRESS			ļ
CITY-ST-ZIP					5.4 CITY - S				
TITLE				ELETE	6.1 TITLE			☐ Change	Addition
NAME -					6.2 NAME	1			Ì
CTOCCT ADDOCCC					£ 2 CTDEFF	AUDBEGG			

14. I do hereby certify that the information supplied with this filing does not qualify fer the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or experimental annual 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 corpolation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged on an attachment with an address.

FILED

Jun 11 1997 8:00am

Secretary of State