2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04031

1. Entity Name

MARGARET M. MURRAY FOUNDATION, INC.

Principal Place of Business	Mailing Address
%THOMAS J. JORDAN 245 SE FIRST ST, SUITE 404 MIAMI FL 33131	100 NE 123RD ST N.MIAMI FL 33161-5348

MOORE   CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-2425696   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORDAN, THOMAS J. 245 SE FIRST ST PLAZA BUILDING, SUITE 404 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 reinstaling)   DATE

☒ **FILE NOW: FEE IS $61.25**
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME JORDAN, THOMAS J. STREET ADDRESS 245 SE FIRST ST, S-404 CITY-ST-ZIP MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D NAME JORDAN, GERALDINE T. STREET ADDRESS 245 SE FIRST ST, S-404 CITY-ST-ZIP MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D NAME JORDAN, DOROTHY A STREET ADDRESS 245 SE FIRST ST, S-404 CITY-ST-ZIP MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D NAME JORDAN, CAROL A. STREET ADDRESS 245 SE FIRST ST S-404 CITY-ST-ZIP MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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02/18/04-80011-009 70.00

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 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: *THOMAS J. JORDAN*   1/26/04   (305) 6853757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR