

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90026 013 ****61.25

DOCUMENT # N04031

1. Entity Name

MARGARET M. MURRAY FOUNDATION, INC.



Principal Place of Business

%THOMAS J. JORDAN
245 SE FIRST ST, SUITE 404
MIAMI FL 33131

Mailing Address

100 NE 123RD ST
N.MIAMI FL 33161-5348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: JORDAN, THOMAS J.
STREET ADDRESS: 245 SE FIRST ST, S-404
CITY-ST-ZIP: MIAMI FL 33131 ☐ Delete

TITLE: D
NAME: JORDAN, GERALDINE T.
STREET ADDRESS: 245 SE FIRST ST, S-404
CITY-ST-ZIP: MIAMI FL 33131 ☐ Delete

TITLE: D
NAME: JORDAN, DOROTHY A
STREET ADDRESS: 245 SE FIRST ST, S-404
CITY-ST-ZIP: MIAMI FL 33131 ☐ Delete

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: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

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NAME:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FOUNDER