2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 22, 2007 8:00 am
Secretary of State
05-01-2007 90012 008 ****61.25

DOCUMENT # N06000008653

1. Entity Name
CHARLOTTE MURRIN MEMORIAL SUZKI EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
% KEN MURRIN 4543 MARINER BLVD SPRING HILL, FL 34609	% KEN MURRIN 4543 MARINER BLVD SPRING HILL, FL 34609

03082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 30-0370604 ☐ 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
HINTON, ADELAIDE J 4371 HUNTERS PASS SPRING HILL, FL 34609	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 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Adelaide Hinton 4371 Hunters Pass Spring Hill Fl 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARILYN HARSHALL 4310 HUNTERS PASS SPRING HILL FL 34609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Ken Murrin 4543 Mariner Blvd. Spring Hill, FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES MARSHALL Phd 4310 HUNTERS PASS SPRING HILL FL 34609 (DECEASED)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Karen Nigda 4287 Bellaire Dr. Hernando Beach, Fl 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jean Johnson 11284 Musgrove Dr. Spring Hill, Fl 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John Campbell 5359 Legend Hill Lane Spring Hill Fl 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Glenn Claytor 7423 Blue Skies DR Spring Hill FL 34606	☐ Delete	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 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: Adelaide J Hinton 4/21/07 352-796-3926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #