

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008653

FILED  
Apr 02, 2008  
Secretary of State

**Entity Name:** CHARLOTTE MURRIN MEMORIAL SUZKI EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

% KEN MURRIN  
4543 MARINER BLVD  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

% KEN MURRIN  
4543 MARINER BLVD  
SPRING HILL, FL 34609

**New Mailing Address:**

**FEI Number:** 30-0370604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HINTON, ADELAIDE J  
4371 HUNTERS PASS  
SPRING HILL, FL 34609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HINTON, ADELAIDE  
Address: 4371 HUNTERS PASS  
City-St-Zip: SPRING HILL, FL 34609

Title: VP ( ) Delete  
Name: MURRIN, KEN  
Address: 4543 MARINER BLVD  
City-St-Zip: SPRING HILL, FL 34609

Title: T ( ) Delete  
Name: NICOLA, KAREN  
Address: 4287 BELLAIRE DR  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: S ( ) Delete  
Name: JOHNSON, JEAN  
Address: 11284 MUSGROVE DR  
City-St-Zip: SPRING HILL, FL 34609

Title: D ( ) Delete  
Name: CAMPBELL, JOHN  
Address: 5359 LEGEND HILL LN  
City-St-Zip: SPRING HILL, FL 34609

Title: D ( ) Delete  
Name: CLAYTON, GLENN  
Address: 7423 BLUE SKIES DR  
City-St-Zip: SPRING HILL, FL 34606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELAIDE HINTON

PRES

04/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date