

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N09245**

1. Entity Name  
**THE CHRISTIAN MEDIATION SERVICES OF FLORIDA, INC.**



Principal Place of Business <b>10850 SW 113 PLACE          209          MIAMI, FL 33176</b>	Mailing Address <b>10850 SW 113 PLACE          209          MIAMI, FL 33176</b>
--	--



09122005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2670019</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MCMURRAY, LOUISE H  
 10850 SW 113 PLACE  
 SUITE 105  
 MIAMI, FL 33176**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMURRAY, LOUISE H 10850 SW 113 PLACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCMURRAY, JANET L 8950 SW 69 CT UNIT 310 PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCMURRAY, SEAN K 689 LAKESIDE DR ROBINS AFB, 31098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000378914  
 09/16/05-80003-006 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *Louise H. Mc Murray* **LOUISE H. MCMURRAY** 9/16/05 (305) 381-8922  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #