

**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

**10850 SW 113 PLACE  
209  
MIAMI, FL 33176**

Mailing Address

**10850 SW 113 PLACE  
209  
MIAMI, FL 33176**



09122005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2670019**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** 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

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 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

1100000378314  
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. McMurray* **LOUISE H. MCMURRAY**

*9/16/05 (305) 381-8922*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #