

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17721

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** MURRAY DEYOUNG EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

135 STRATFORD COURT  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

135 STRATFORD COURT  
HAINES CITY, FL 33844 US

**New Mailing Address:**

135 STRATFORD COURT  
HAINES CITY, FL 33844

**FEI Number:** 59-2758439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATTHEWS, THOMAS W  
135 STRATFORD COURT  
HAINES CITY, FL 33844 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: PTD ( ) Delete  
Name: MATTHEWS, THOMAS W  
Address: 135 STRATFORD COURT  
City-St-Zip: HAINES CITY, FL 33844

Title: VD ( ) Delete  
Name: CODY, TRINITY  
Address: 9775 EMERALD BROOK CIRCLE, NW  
City-St-Zip: CANAL FULTON, OH 44614

Title: SD ( ) Delete  
Name: MATTHEWS, ALICE  
Address: 135 STRATFORD CT  
City-St-Zip: HAINES CITY, FL 33844

**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:

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: THOMAS W MATTHEWS

PTD

04/17/2009

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

\_\_\_\_\_  
Date