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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18462** **(4)**

1. Corporation Name
THE MURRAY FOUNDATION, INC.

Principal Place of Business	Mailing Address
% PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301-2636 US	C/O JP MORGAN SERVICES, INC. P.O. BOX 6714 9/902 WILMINGTON DE 19899-6714 US

3. Date Incorporated or Qualified: 12/29/1986

4. FEI Number: 13-3421590 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 c/o JP MORGAN SERVICES INC
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P O BOX 6089
City & State 23	City & State 28 NEWARK, DE 14
Zip 24 / Country 25	Zip 29 19714-6089 / Country 30 U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HOSEA, ELIZABETH		1.2 NAME	HOSEA, ELIZABETH	
STREET ADDRESS	50 BALDWIN LANE		1.3 STREET ADDRESS	WINDY HILL FARM; 711 CHERRY VALLEY ROAD	
CITY-ST-ZIP	PRINCETON NJ		1.4 CITY-ST-ZIP	PRINCETON, NJ	
TITLE	CD	☐ DELETE	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	MURRAY, JOHN P		2.2 NAME	MURRAY, JOHN P., JR.	
STREET ADDRESS	202 S BEACH RD		2.3 STREET ADDRESS	202 S BEACH ROAD	
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP	HOBE SOUND FL	
TITLE	VDS	☐ DELETE	3.1 TITLE	M	☒ Change ☐ Addition
NAME	MURRAY, JAMES M		3.2 NAME	MURRAY, JAMES M	
STREET ADDRESS	280 RIDGEVIEW RD		3.3 STREET ADDRESS	280 RIDGEVIEW ROAD	
CITY-ST-ZIP	PRINCETON NJ		3.4 CITY-ST-ZIP	PRINCETON NJ	
TITLE	VPTD	☐ DELETE	4.1 TITLE	VTD	☒ Change ☐ Addition
NAME	MURRAY, JOHN P III		4.2 NAME	MURRAY, JOHN P., III	
STREET ADDRESS	420 E 80TH STREET #12G		4.3 STREET ADDRESS	420 E 80TH STREET #12G	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KELSEY, ELLEN		5.2 NAME	MURRAY, ROBERT S	
STREET ADDRESS	10 SPRING HOUSE RD		5.3 STREET ADDRESS	RR 4 BOX 1046	
CITY-ST-ZIP	GREENWICH CT		5.4 CITY-ST-ZIP	PLYMOUTH NH	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	MURRAY, MARY T.		6.2 NAME	MURRAY, MATTHEW T	
STREET ADDRESS	202 S. BEACH RD.		6.3 STREET ADDRESS	4230 S.E. KUBIN AVENUE	
CITY-ST-ZIP	HOBE SOUND FL		6.4 CITY-ST-ZIP	STUART, FL	

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 4/25/98 609 9mm 1796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #