2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N18724

Entity Name: THE LOWRY MURPHEY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3208 W CHAPIN AV
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 18065
TAMPA, FL 33679065 US

New Mailing Address:

FEI Number: 59-2824550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, ANDREW M.
400 N TAMPA ST
TAMPA, FL 33602 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:	BROWN, HELEN MURPHEY	
Address:	3202 FAIROAKS AVE	
City-St-Zip:	TAMPA, FL	
Title:	D	( ) Delete
Name:	MURPHEY, DAVID R.	
Address:	3208 W CHAPIN AV	
City-St-Zip:	TAMPA, FL 33611	
Title:	D	( ) Delete
Name:	HOLTSINGER, MATTHEW M	
Address:	3308 SIERRA CIRCLE	
City-St-Zip:	TAMPA, FL 33629	
Title:	S/T	( ) Delete
Name:	SNYDER, CAROLINE M.	
Address:	3308 SIERRA CIRCLE	
City-St-Zip:	TAMPA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	BROWN, HELEN MURPHEY	
Address:	3202 FAIROAKS AVE	
City-St-Zip:	TAMPA, FL 33629	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S/T	(X) Change ( ) Addition
Name:	SNYDER, CAROLINE M.	
Address:	3308 SIERRA CIRCLE	
City-St-Zip:	TAMPA, FL 33629	

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: CAROLINE M SNYDER S/T 04/27/2009

Electronic Signature of Signing Officer or Director — Date