

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **N24286** (9)
1. Corporation Name
MILTON MURRAY FOUNDATION FOR PHILANTHROPY, INC.

95 MAY 16 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O WILLIAM TRICKEL JR.
39 WEST PINE STREET
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/11/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2898461** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRICKEL, WILLIAM JR.
39 WEST PINE STREET
ORLANDO FL 32801

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 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, LUANN
STREET ADDRESS	3800 SOUTH 48TH STREET
CITY - ST - ZIP	LINCOLN NE
TITLE	CD
NAME	SADLER, BROOKE
STREET ADDRESS	9127 NORTH BAY BLVD.
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	NUDD, SHEREE PARRIS
STREET ADDRESS	9901 MEDICAL CENTER DR
CITY - ST - ZIP	ROCKVILLE MD
TITLE	TD
NAME	COLWELL, DAVID
STREET ADDRESS	11234 ANDERSON ST
CITY - ST - ZIP	LOMA LINDA CA
TITLE	VD
NAME	JOHNSON, KAREN
STREET ADDRESS	204 S COLLEGE AVE
CITY - ST - ZIP	COLLEGE PLACE WA
TITLE	D
NAME	COLES, DON
STREET ADDRESS	DEER PARK ROAD, BOX 170
CITY - ST - ZIP	DEER PARK CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	4920 Damascus Road
3.4 CITY - ST - ZIP	Gaithersburg, MD 20872
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: David Colwell David Colwell

5-10-95

909-824-4778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Daytime Phone #)