

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24286 (9)

1. Corporation Name

MILTON MURRAY FOUNDATION FOR PHILANTHROPY, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
01/11/1988

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o Richard Leigh

26 c/o Richard Leigh

4. FEI Number

59-2898461

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

24

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30

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

Richard Leigh

82 Street Address (P.O. Box Number is Not Acceptable)

39 W. Pine St.

83

84 City

Orlando

FL

85 Zip Code

32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Richard Leigh

(NOTE: Registered agent signature required when reinstating)

4-29-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D DAVIS, LUANN**
STREET ADDRESS **3800 SOUTH 48TH STREET**
CITY-ST-ZIP **LINCOLN NE**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **CD SADLER, BROOKE**
STREET ADDRESS **9127 NORTH BAY BLVD.**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD Barney Neufeld**
2.3 STREET ADDRESS **One Angwin Avenue**
2.4 CITY-ST-ZIP **Angwin, CA 94508**

TITLE ☐ DELETE
NAME **SD NUDD, SHEREE PARRIS**
STREET ADDRESS **4920 DAMASCUS RD**
CITY-ST-ZIP **GAITHERSBURG MD**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD COLWELL, DAVID**
STREET ADDRESS **11234 ANDERSON ST**
CITY-ST-ZIP **LOMA LINDA CA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD JOHNSON, KAREN**
STREET ADDRESS **204 S COLLEGE AVE**
CITY-ST-ZIP **COLLEGE PLACE WA**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **CD**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D COLES, DON**
STREET ADDRESS **DEER PARK ROAD, BOX 179**
CITY-ST-ZIP **DEER PARK CA**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D Loren Dickinson**
6.3 STREET ADDRESS **204 S. College Ave**
6.4 CITY-ST-ZIP **College Place, WA 99324**

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996 **909-824-4778**
Date Daytime Phone #

CR2E037 (12/95)