


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24286** (9)
1. Corporation Name
MILTON MURRAY FOUNDATION FOR PHILANTHROPY, INC.



Principal Place of Business C/O RICHARD LEIGH 39 WEST PINE STREET ORLANDO FL 32801 US	Mailing Address C/O RICHARD LEIGH 39 WEST PINE STREET ORLANDO FL 32801-2630 US
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3. Date Incorporated or Qualified 01/11/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2898461	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARD LEIGH
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, LUANN	
STREET ADDRESS	3800 SOUTH 48TH STREET	
CITY - ST - ZIP	LINCOLN NE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERNEY NEUFELD	
STREET ADDRESS	ONE ANGWIN AVENUE	
CITY - ST - ZIP	ANGWIN CA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NUDD, SHEREE PARRIS	
STREET ADDRESS	4920 DAMASCUS RD	
CITY - ST - ZIP	GAITHERSBURG MD	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COLWELL, DAVID	
STREET ADDRESS	11234 ANDERSON ST	
CITY - ST - ZIP	LOMA LINDA CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHNSON, KAREN	
STREET ADDRESS	204 S COLLEGE AVE	
CITY - ST - ZIP	COLLEGE PLACE WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOREN DICKINSON	
STREET ADDRESS	204 S. COLLEGE AVE	
CITY - ST - ZIP	COLLEGE PLACE WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Closser, James	
3.3 STREET ADDRESS	530 Canton Pass	
3.4 CITY - ST - ZIP	Madison, TN 37115	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97
Date

909-824-4778
Daytime Phone # 0016067

CR2E037 (9/96)