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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US		3. Date Incorporated or Qualified 01/11/1988	
2. Principal Place of Business 21 1801 Lee Road, Suite 360 Suite, Apt. #, etc. 22 Suite 360 City & State 23 Winter Park, FL 32789 Zip 24 Country 25		2a. Mailing Address 26 1801 Lee Road, Suite 360 Suite, Apt. #, etc. 27 Suite 360 City & State 28 Winter Park, FL 32789 Zip 29 Country 30		4. FEI Number 59-2898461 Applied For Not Applicable	
9. Name and Address of Current Registered Agent RICHARD LEIGH 39 WEST PINE STREET ORLANDO FL 32801		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1801 Lee Road, Suite 360 83 Winter Park 84 City FL 85 Zip Code 32789-21					

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]* (NOTE: Registered Agent signature required when reinstating) DATE 1-13-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LUANN 3800 SOUTH 48TH STREET LINCOLN NE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNEY NEUFELD ONE ANGWIN AVENUE ANGWIN CA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 El Camino Real Atherton, CA 94027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOSSER, JAMES 530 CANTON PASS MADISON TN	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLWELL, DAVID 11234 ANDERSON ST LOMA LINDA CA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOHNSON, KAREN 204 S COLLEGE AVE COLLEGE PLACE WA	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOREN DICKINSON 204 S. COLLEGE AVE COLLEGE PLACE WA	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **DAVID COLWELL**

1-28-98

909-824-4778

CR2E037 (10/97)