## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N24286**

1. Corporation Name

## MILTON MURRAY FOUNDATION FOR PHILANTHROPY, INC.

Principal Place of Business	Mailing Address	
C/O RICHARD LEIGH 1801 LEE RD #360 WINTER PARK FL 32789 US	C/O RICHARD LEIGH 1801 LEE RD #360 WINTER PARK FL 32789 US	
Principal Place of Business     1	2a. Mailing Address 26	
Suite Ant # etc	Suite, Apt. #, etc.	



03-23-1999 90071 049 \*\*\*\*61.25

3. Date Incorporated or Qualifed

01/11/1988 4. FEI Number

	,	27	• • • • • • • • • • • • • • • • • • • •					59-2898461			No	Applicable
22   City & Sta	ato.	City &	State		-						\$8.75 A	
23	ite	28	Cusio					5. Certificate of Status De	esired		Fee Re	
Zip	Country	Zip		Cou	intry		l.	6. Election Campaign Fir	nancing		\$5.00	May Be
24	25	29		30				Trust Fund Contribution	on		Added to	Fees
	9. Name and Address of Current	Registered A	gent		L.,		1	<ol><li>Name and Address of</li></ol>	of New R	egistered	Agent	
	•				81	Name						
RICHARD	LEIGH				82	Street A	ddress	(P.O. Box Number is Not	Accepta	ble)		
	RD #360											
	PARK FL 32789				83							÷
**********	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_		84	-City : ~					85 Zip C	ode
	entropy and the second		_ ,							FL		
11. Pursuan	t to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.1508	, Florida Statute	s, the a	bove-	named co	orpora	tion submits this statemer	nt for the l	purpose of t the appoi	changing its	registered sistered
omce or agent. I	registered agent, or both, in the State of am familiar with, and accept the obligation	ns of, Section	n 617.0503, Flori	da Stat	utes.	io corpui	GUOI1 5	DODING OF GREATORS. THOSE	_, accep	<b>-</b>		,
SIGNATURE										·		
SIGNATORE	Signature, typed or printed name of registered agent a	nd title if applicable	e. (NOTE:		Agent	signature req	quired wh	en reinstating)	70.05	DATE	in DIDECTO	00 111 40
12.	OFFICERS AND	DIRECTORS		13.				ADDITIONS/CHANGES	S IO OF	ICERS AN	Change	Addition
TITLE	D		☐ DELETE	1,1 TI							[_] Change	☐ Addition
NAME	DAVIS, LUANN			1.2 N	AME							
STREET ADDRES	s 3800 South 48th Street			1.3 5	TREET A	ADDRES\$						
CITY-ST-ZIP	LINCOLN NE			1.4 C	TY-ST-					<u> </u>		TA Addition
TITLE	\VD		<b>⊠</b> DELETE	2.1 Ti	TLE		V / 3				☐ Change	★ Addition
NAME	BERNEY NEUFELD			2.2 N		£ .	J. R	nssell Raker O W. Lake Park	ں شرق	e		
STREET ADDRES	s 1000 EL CAMINO REAL	·		2.3 S	TREET A							
CITY-ST-ZIP	ATHERTON CA 94027			4 -	ITY-ST	-ZIP	Milu	vankee WI 5	3 224	<u> </u>		□ Addition
TITLE	D		☐ DELETE	3.1 T		- 1					Change	Addition
NAME	CLOSSER, JAMES			3.2 N	AME					•		
STREET ADDRES	s 530 CANTON PASS			3.3 S	TREET	ADDRESS						
CITY-ST-ZIP	MADISON TN			_	ITY-ST				_		<b>⊼</b> ₹05	□ Additio-
TITLE	TD		☐ DELETE	4.1 Ti	TLE	۱,	V <b>y</b> /	TID			Change	☐ Addition
NAME	COLWELL, DAVID			4. 2 N								
STREET ADDRES	s 11234 ANDERSON ST			4.3 S	TREET	ADDRESS						
CITY-ST-ZIP	LOMA LINDA CA		,	_	TY-ST-						<b>E</b> C	□ A 3 3 W
TITLE	CD		☐ DELETE	5.1 T			P/]	D			Change Change	Addition
NAME	JOHNSON, KAREN			5.2 N								
STREET ADDRES	s 204 S COLLEGE AVE			5.3 \$	TREET	ADDRESS						
CITY- ST-ZIP	COLLEGE PLACE WA			_	ITY-ST-						570	
TITLE	D		☐ DELETE	6.1 Ti		·   '	V <b>3</b> /	' D			<b>⊠</b> Change	☐ Addition
NAME	LOREN DICKINSON			6.2 N	AME			•				
STREET ADDRES	s 204 S. COLLEGE AVE			6.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	COLLEGE PLACE WA			6.4 C	ITY-ST-	ZIP					diff, that the in	<u> </u>

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, with all other like empowered. 14. I hereby certify that the information supplied with this filling does not qualify for the exempti

**SIGNATURE:** 

909-558-4778

Applied For