

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90121 018 \*\*\*\*61.25

**DOCUMENT # N24286**

1. Entity Name

**MILTON MURRAY FOUNDATION FOR PHILANTHROPY, INC.**

Principal Place of Business

C/O RICHARD LEIGH  
 1801 LEE RD #360  
 WINTER PARK FL 32789  
 US

Mailing Address

C/O RICHARD LEIGH  
 1801 LEE RD #360  
 WINTER PARK FL 32789  
 US

2. Principal Place of Business

**1031 W. Morris Blvd**  
 Suite, Apt. #, etc.  
**Ste 160**

City & State  
**Winter Park, FL**

Zip Country  
**32789 USA**

3. Mailing Address

**1031 W. Morris Blvd**  
 Suite, Apt. #, etc.  
**Ste 160**

City & State  
**Winter Park F**

Zip Country  
**32789 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-2898461**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD LEIGH  
~~1801 LEE RD #360~~  
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name **Richard A. Leigh**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1031 W. Morris Blvd, Ste 160**  
 City **Winter Park** FL Zip Code **32789**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-7-2002**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, LUANN</b> <b>3800 SOUTH 48TH STREET</b> <b>LINCOLN NE</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>RAKER, RUSSELL J</b> <b>1701 MORNING DOVE LANE</b> <b>MILWANKEE WI 53224</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLOSSER, JAMES</b> <b>530 CANTON PASS</b> <b>MADISON TN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD</b> <b>COLWELL, DAVID</b> <b>11234 ANDERSON ST</b> <b>LOMA LINDA CA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JOHNSON, KAREN</b> <b>204 S COLLEGE AVE</b> <b>COLLEGE PLACE WA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LOREN DICKINSON</b> <b>204 S. COLLEGE AVE</b> <b>COLLEGE PLACE WA</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**Redlands, CA 92373**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED Colwell**

**2-2-02**

**909-558-4778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

# Milton Murray Foundation for Philanthropy

FEI Number: 59-2898461

2002 Uniform Business Report (UBR)

Item 10 – Officers and Directors

Attachment Document #

N24286/  
601832

Title Code	Name Address	Title
P / D	Karen Johnson 204 S. College Avenue College Place, WA 99324	President Director
V / D	J. Russell Raker III 1701 Morning Dove Lane Redlands, CA 92373	Vice President for Programs Director
V / D	Loren Dickinson 204 S. College Avenue College Place, WA 99324	Vice President for Development Director
V / T / D	David Colwell 11234 Anderson Street A607 Loma Linda, CA 92354	Vice President for Finance Treasurer Director
D	Mary Anne Chern 1720 Cesar Chavez Avenue Los Angeles, CA 90033	Director
D	James B. Closser 500 Hospital Drive Madison, TN 37115	Director
D	LuAnn Davis 3800 S. 48 <sup>th</sup> Street Lincoln, NE 68506	Director
D	Mark A. Dennis, Jr. 7660 Gross Point Road Skokie, IL 60077	Director
D	Berney Neufeld 356 Bay Ridge Drive Daly City, CA 94014	Director
D	Ken Turpen 12501 Old Columbia Pike Silver Spring, MD 20904	Director
D	Patricia Nash 1200 18 <sup>th</sup> Street NW #200 Washington, DC 20036	Director