2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2006
Secretary of State

DOCUMENT# N24286

Entity Name: MILTON MURRAY FOUNDATION FOR PHILANTHROPY, INC.

Current Principal Place of Business:

1031 W. MORSE BLVD
SUITE 350
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

1031 W. MORSE BLVD
SUITE 350
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-2898461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEIGH, RICHARD A
1031 W. MORSE BLVD., STE. 350
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DAVIS, LUANN	
Address:	3800 SOUTH 48TH STREET	
City-St-Zip:	LINCOLN, NE 68506	
Title:	VD	( ) Delete
Name:	RAKER, RUSSELL J	
Address:	2403 SWEETGUM LANE	
City-St-Zip:	AMARILLO, TX 79124	
Title:	D	( ) Delete
Name:	CLOSSER, JAMES	
Address:	500 HOSPITAL DR	
City-St-Zip:	MADISON, TN 37115	
Title:	VPTD	( ) Delete
Name:	COLWELL, DAVID	
Address:	11234 ANDERSON ST	
City-St-Zip:	LOMA LINDA, CA 92354	
Title:	PD	( ) Delete
Name:	JOHNSON, KAREN	
Address:	204 S COLLEGE AVE	
City-St-Zip:	COLLEGE PLACE, WA 99324	
Title:	VD	( ) Delete
Name:	DENNIS, MARK	
Address:	7660 GROSS POINT ROAD	
City-St-Zip:	SKOKIE, IL 60077	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COLWELL VPTD 03/05/2006

Electronic Signature of Signing Officer or Director — Date