## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N24286

FILED Mar 17, 2008 Secretary of State

Entity Name: MILTON MURRAY FOUNDATION FOR PHILANTHROPY, INC.

Current Principal Place of Business:		New Principal Place of Business:
	ORSE BLVD	
JITE 350 INTER F	, PARK, FL 32789 US	
ırrent M	lailing Address:	New Mailing Address:
31 W. M	IORSE BLVD	
JITE 350 INTER F	) PARK, FL 32789 US	
Number:	: 59-2898461 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
me and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
31 Ŵ. M	CHARD A IORSE BLVD., STE. 350 PARK, FL 32789 US	
	named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, or both,
NATUR		<u> </u>
	Electronic Signature of Registered	
FICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
e: ne: lress: <i>y</i> -St-Zip:	VD ( ) Delete DAVIS, LUANN 3800 SOUTH 48TH STREET LINCOLN, NE 68506	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
e:	D ( ) Delete	Title: ( ) Change ( ) Addition
ne: lress: y-St-Zip:	NEUFELD, BERNEY 2155 WEBSTER STREET SAN FRANCISCO, CA 94115	Name: Address: City-St-Zip:
ne: Iress:	2155 WEBSTER STREET	Address:
ne: Iress:	2155 WEBSTER STREET SAN FRANCISCO, CA 94115  D () Delete CLOSSER, JAMES 315 HOSPITAL DRIVE	Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
ne: ress: r-St-Zip: e: ne: ress: r-St-Zip: e: ne: ress: r-St-Zip: e: ne:	2155 WEBSTER STREET SAN FRANCISCO, CA 94115  D ( ) Delete CLOSSER, JAMES 315 HOSPITAL DRIVE MADISON, TN 37116  VTD ( ) Delete COLWELL, DAVID 11234 ANDERSON ST	Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
ne: Iress: <i>I</i> -St-Zip: e: ne: Iress:	2155 WEBSTER STREET SAN FRANCISCO, CA 94115  D () Delete CLOSSER, JAMES 315 HOSPITAL DRIVE MADISON, TN 37116  VTD () Delete COLWELL, DAVID 11234 ANDERSON ST LOMA LINDA, CA 92354  PD () Delete JOHNSON, KAREN	Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: PD (X) Change ( ) Addition Name: JOHNSON, KAREN

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 VTD 03/17/2008