2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
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:	VD	( ) Delete
Name:	DAVIS, LUANN	
Address:	3800 SOUTH 48TH STREET	
City-St-Zip:	LINCOLN, NE 68506	
Title:	D	( ) Delete
Name:	NEUFELD, BERNEY	
Address:	2155 WEBSTER STREET	
City-St-Zip:	SAN FRANCISCO, CA 94115	
Title:	D	( ) Delete
Name:	CLOSSER, JAMES	
Address:	315 HOSPITAL DRIVE	
City-St-Zip:	MADISON, TN 37116	
Title:	VTD	( ) Delete
Name:	COLWELL, DAVID	
Address:	11234 ANDERSON ST	
City-St-Zip:	LOMA LINDA, CA 92354	
Title:	PD	( ) Delete
Name:	JOHNSON, KAREN	
Address:	7995 E. PRENTICE AVE. SUITE 204	
City-St-Zip:	GREENWOOD VILLAGE, CO 80111	
Title:	VD	( ) Delete
Name:	DENNIS, MARK	
Address:	1717 BENSON AVENUE	
City-St-Zip:	EVANSTON, IL 60201	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PAWLUK, STEVE	
Address:	4500 RIVERWALK PARKWAY	
City-St-Zip:	RIVERSIDE, CA 92515	
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 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 VTD 02/22/2009

Electronic Signature of Signing Officer or Director — Date