

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90076 024 ****61.25

DOCUMENT # N24286

1. Entity Name
MILTON MURRAY FOUNDATION FOR PHILANTHROPY, INC.



Principal Place of Business 1031 W. MORRIS BLVD SUITE 160 WINTER PARK FL 32789 US	Mailing Address 1031 W. MORRIS BLVD SUITE 160 WINTER PARK FL 32789 US
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2. Principal Place of Business <i>1031 W. Morse Blvd</i>	3. Mailing Address <i>1031 W. Morse Blvd</i>
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Suite, Apt. #, etc. <i>Ste 350</i>	Suite, Apt. #, etc. <i>Ste 350</i>
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City & State <i>Winter Park, FL</i>	City & State <i>Winter Park, FL</i>
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Zip <i>32789</i>	Country <i>USA</i>	Zip <i>32789</i>	Country <i>USA</i>
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CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2898461	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**RICHARD LEIGH
1031 W. MORRIS BLVD., STE. 160
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. Morse Blvd, Ste 350*
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Richard A. Leigh* **Richard A. Leigh** *1-9-03*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LUANN 3800 SOUTH 48TH STREET LINCOLN NE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAKER, RUSSELL J 1701 MORNING DOVE LANE REDLANDS CA 92373 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOSSER, JAMES 530 CANTON PASS MADISON TN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD COLWELL, DAVID 11234 ANDERSON ST LOMA LINDA CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, KAREN 204 S COLLEGE AVE COLLEGE PLACE WA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOREN DICKINSON 204 S. COLLEGE AVE COLLEGE PLACE WA <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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>500 Hospital Drive</i>
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *David Colwell* **David Colwell** *1-14-03* *909-558-4778*

CR2E037 (10/02)

Attachment

#N24286

Milton Murray Foundation for Philanthropy

FEI Number: 59-2898461

2003 Uniform Business Report (UBR)

Item 10 – Officers and Directors

80007075

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 th 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 th Street NW #200 Washington, DC 20036	Director