

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003180

FILED
Apr 28, 2009
Secretary of State

Entity Name: MURRAY HILL MINISTRIES, INC.

Current Principal Place of Business:

932 EDGEWOOD AVE SOUTH
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

P O BOX 380006
JACKSONVILLE, FL 322050506 US

New Mailing Address:

FEI Number: 59-3325184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASRALLAH, ANTHONY J
932 EDGEWOOD AVE SOUTH
JACKSONVILLE, FL 32205 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: DP () Delete
Name: NASRALLAH, ANTHONY J
Address: 932 EDGEWOOD AVE S
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: ADAMS, SCOTT L CPA
Address: 4070 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: NASRALLAH, GLORIA
Address: 3305 OAK ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: BEEHNER, JOHN
Address: 8493 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: ROELKE, WILLIAM L JR
Address: 121 W FORSYTH ST #900
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: AD SHADE, RUSTY
Address: 3552 BAY ISLAND CIRCLE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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
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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: ANTHON NASRALLAH

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date