

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005044

FILED
Apr 03, 2008
Secretary of State

Entity Name: MURPHEY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

6802 COMMONWEALTH AVE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

PO BOX 37888
JACKSONVILLE, FL 322367888

New Mailing Address:

FEI Number: 59-3607549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHEY, PHILIP W
6802 COMMONWEALTH AVE
JACKSONVILLE, FL 32236 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: P () Delete
Name: MURPHEY, PHILIP T
Address: 6802 COMMONWEALTH BLVD.
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: MURPHEY, PHILIP W
Address: 6802 COMMONWEALTH BLVD.
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: MURPHEY, LYNN K
Address: 6802 COMMONWEALTH BLVD.
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: MORRISON, WILLIAM J
Address: 100 NORTH TAMPA STREET, SUITE 2010
City-St-Zip: TAMPA, FL 336071755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MURPHEY, PHILIP T
Address: 6802 COMMONWEALTH BLVD.
City-St-Zip: JACKSONVILLE, FL 32254

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: PHILIP W. MURPHEY

D

04/03/2008

Electronic Signature of Signing Officer or Director

Date