


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90031 026 ****61.25

DOCUMENT # F06000005930

1. Entity Name
THE CLARKS COMPANIES FOUNDATION CORPORATION



40127223



Principal Place of Business
**156 OAK ST.
 NEWTON UPPER FALLS, MA 02464**

Mailing Address
**156 OAK ST.
 NEWTON UPPER FALLS, MA 02464**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
620 South Union Street
 Suite, Apt. #, etc.

07192007 Chg-NP CR2E037 (12/06)

City & State
Kennett Square, PA

City & State
Kennett Square, PA

Zip
19348

Country
Chester

4. FEI Number
20-4511300

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 14, 2007**

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	P	<input type="checkbox"/> Delete
NAME	INFANTINO, ROBERT	
STREET ADDRESS	156 OAK ST.	
CITY-ST-ZIP	NEWTON UPPER FALLS, MA 02464	
TITLE	EVCF	<input type="checkbox"/> Delete
NAME	SALZANO, JAMES	
STREET ADDRESS	156 OAK ST.	
CITY-ST-ZIP	NEWTON UPPER FALLS, MA 02464	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GETTS, DAVID	
STREET ADDRESS	156 OAK ST.	
CITY-ST-ZIP	NEWTON UPPER FALLS, MA 02464	
TITLE	CC	<input checked="" type="checkbox"/> Delete
NAME	JARVIS, KARLA	
STREET ADDRESS	156 OAK ST.	
CITY-ST-ZIP	NEWTON UPPER FALLS, MA 02464	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	CHAMPION, GARY	
STREET ADDRESS	156 OAK ST.	
CITY-ST-ZIP	NEWTON UPPER FALLS, MA 02464	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORAN, SUSAN	
STREET ADDRESS	156 OAK ST.	
CITY-ST-ZIP	NEWTON UPPER FALLS, MA 02464	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Feingensen	
STREET ADDRESS	126 Oak St.	
CITY-ST-ZIP	Newton Upper Falls, MA 02464	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Getts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/07
Date

610-925-1875
Daytime Phone #