


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State


DOCUMENT # N98000005794

1. Entity Name
 MARSHALL E. RINKER, SR. FOUNDATION, INC.



Principal Place of Business 310 OKEECHOBEE BLVD. SUITE 100 WEST PALM BEACH, FL 33401 US	Mailing Address 310 OKEECHOBEE BLVD. SUITE 100 WEST PALM BEACH, FL 33401 US
--	--

DO NOT WRITE IN THIS SPACE



04062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0871532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREMER, PAUL C
 310 OKEECHOBEE BLVD
 SUITE 100
 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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 May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RINKER, DAVID B 310 OKEECHOBEE BLVD., SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RINKER, LEIGHAN R 310 OKEECHOBEE BLVD., SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BREMER, PAUL C 310 OKEECHOBEE BLVD, SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISER, MARSHALL M 100 NW 20TH ST., ROOM 204 GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICHARD S 505 S FLAGLER DRIVE STE 1010 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000712740
 04/26/07-80061-002 61.25

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 B. Rinker** **4/12/07** **561-835-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #