## FILE NOW: FILING FEE IS \$61.25

, NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🌞

Secretary of State
DIVISION OF CORPORATIONS

1998

**DOCUMENT #**1. Corporation Name

701441

(8)

THE VICTOR P. CLARKE FOUNDATION, INCORPORATED

## FILED Mar 03 1998 8:00am Secretary of State

THE TOTAL TO									
Principal Place of Business		Mailing Addr	Mailing Address				- 1 (09))) (190) (190) (190) (190) (190) (190) (190) (190)	<b>                                    </b>	ibii Albii 1961
247 GRECO AVI CORAL GABLES			247 GRECO AVENUE CORAL GABLES FL 33146			3. Date Incorporated or Qualified  09/20/1960  4. FEI Number		pplied For	
							59-0965384		lot Applicable
2. Principal P	Place of Business	2e. Mailing A	Mailing Address				5. Certificate of Status Desired		Additional Regulred
Suite, Apt.	#, elc.	Suite, Apr	Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
City & State	e		City & State				7. Is this nonprofit corporation a homeowners		
23		28	28				☐ Yes ☐ No		
Ζιρ	Country	Zip		Country	/		8. This corporation owes or has paid the curr		
24	25	29	30	<u> </u>					No No
<u> </u>	9. Name and Address of Cu	rent Hegistereo Agei	<u>nı</u>	81	Name		10. Name and Address of New Registered A	gent	
BBIOLE				["	Maille	,			
BRICKELL REGISTERED AGENT, INC 1395 BRICKELL AVE				82	Street	t Addre	ss (P.O. Box Number is Not Acceptable)		
3RD FLO	OOR			83					
Miami fi	L 33131			84	City		FL	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617, egistered agent, or both, in the S rn familiar with, and accept the of	0502 and 617.1508, Fl ate of Florida. Such cl oligations of, Section E	lorida Statutes, tl hange was autho 317.0503, Florida	the above orized by a Statutes	e-named the co s.	d corpo rporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the apport	changing l sintment as	its registered s registered
	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Rec	gistered Age	ent signatu	re require	d when reinstaling) DATE		
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	CD	Ĺ	DELETE	1.1 TITLE				Change	Addition
NAME	CLARK, VICTOR E.			1.2 NAME					
STREET ADDRESS	247 GRECO AVE			1.3 STREET	ADDRESS	-			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-S	ST-ZIP	<u> </u>			
TITLE	TD DELETE			2.1 TITLE				Change	■ Addition
NAME	GALIMIDI, GARY A.			2.2 NAME					
STREET ADDRESS	247 GRECO AVE			2.3 STREET		1			
CITY-ST-ZIP	CORAL GABLES FL	····		2.4 CITY-1	ST-ZIP	- <b> -</b>		Channe	Addition
TITLE	S CORRECT POPOTHY	KA.		3.1 TITLE				L_ Change	L_F Addition
NAME	FORBECK, DOROTHY J. 247 GRECO AVE			3.2 NAME	*******				
STREET ADDRESS	CORAL GABLES FL			3.3 STREET					
CITY-ST-ZIP TITLE	D		DELETE	3.4. C/TY-5	51-2IP	<del> </del>		Change	Addition
NAME	REYES, CARIDAI	_		4. 2 NAME					
STREET ADORESS	247 GRECO AVE			4.3 STREET	ANNAFEC				
CITY+ST-ZIP	CORAL GABLES			4.4 CiTY-S					
TITLE	COMMIT QUINTED 1			5.1 TITLE	, , - & H	†		Change	☐ Addition
NAME				5.2 NAME		1			
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 DITY-S					
TITLE		Е		6.1 TITLE		1		Change	Addition
NAME		*		6.2 NAME				-	
STREET ADDRESS		) ) _	1	63 STREET	ADDRESS				

with this filing does not qualify of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tontal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an acceptor optrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in