2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 701441

1. Entity Name
THE VICTOR P. CLARKE FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
247 GRECO AVENUE CORAL GABLES, FL 33146	247 GRECO AVENUE CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0965384
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, ROBERT W P.A.
1395 BRICKELL AVE
STE 430
MIAMI, FL 33131

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CLARK, VICTOR E.
STREET ADDRESS	247 GRECO AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	TD
NAME	GALIMIDI, GARY A.
STREET ADDRESS	247 GRECO AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	REYES, CARIDAD
STREET ADDRESS	247 GRECO AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/06-80031-001 70.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #