


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90347 033 \*\*\*\*61.25

<b>DOCUMENT # 755032</b>					
1. Entity Name C. ROBERT MARKHAM FOUNDATION, INC.					
Principal Place of Business 5242 REDWOOD PLACE PLANTATION, FL 33317			Mailing Address 5242 REDWOOD PLACE PLANTATION, FL 33317		
2. Principal Place of Business 10231 W. Sample Road			3. Mailing Address 10231 W. Sample Road		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Coral Springs, FL			City & State Coral Springs, FL		
Zip 33065		Country US		4. FEI Number 59-2082553	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  PAYNE, JOHN H., ATTORNEY AT LAW ONE N UNIVERSITY DRIVE A-111 PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name <u>John A. Smith</u> Street Address (P.O. Box Number is Not Acceptable) <u>10231 W. Sample Road</u> City <u>Coral Springs</u> <u>FL</u> Zip Code <u>33065</u>	
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 <u>[Signature]</u> <u>John A. Smith</u> <u>3/31/05</u> 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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOOD, GAYLORD A JR 304 S W 12TH STREET FT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKHAM, MADOLYN 5242 REDWOOD PLACE FORT LAUDERDALE, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARKHAM, SHARON R 58 CAYUGA RD FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD MARKHAM, JAMES R 58 CAYUGA ROAD FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKHAM, ROBERT W 58 CAYUGA ROAD FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Sharon Markham, Director <u>X</u> Date Daytime Phone #		

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