2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 755032 1. Entity Name C. ROBERT MARKHAM FOUNDATION, INC.						04-20-2005	90347 033 ****61	1.25
Principal Place of Business 5242 REDWOOD PLACE PLANTATION, FL 33317		Mailing Address 5242 REDWOOD PLACE PLANTATION, FL 33317					50040	597
2. Principal Place of Business 10231 W. Sample Road		3. Mailing Address 10231 W. Sample Road			 			
Suite, Apt.		Suite, Apt. #, etc.			03312005	Chg-NP	CR2E037 (10/03)	
City & State	e	City & State			4. FEI Number		As	oplied For
Coral Springs, FL		Coral Springs, FL Zip Country			59-2082	553		ot Applicable
^{Zip} 33065	Country US.	^{Zip} 33065	Uountry		5. Certificate of	Status Desired	S8.75 Add Fee Require	ditional d
	6. Name and Address of Current	Registered Agent	, nie	lame	7. Name and A	ddress of New R	legistered Agent	
PAYNE, JOHN H., ATTORNEY AT LAW				John A. Smith Street Address P. P. W. Number is Not Acceptable) Street Address P. P. W. Samp 1'e Acceptable)				
ONE N UNIVERSITY DRIVE A-111				102	31 W. Sam	ple Road"		
PLANTATI	ION, FL 33324			***			1 3. 6.	
					Coral Springs FL Zip Code 33065			
	named entity submits this statement for ions of registered agent. Significate, typed or printed name of registered agent.	the Ja	ohn	A. Smi	th '	, in the State of Fk	orida. Tam familiar with, $3/31/65$	
	A service of production of the service of the servi	and the ii applicable. (NO12:	Registered Ager	ent signature required	when reinstating)		DATE	
 .	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Finan		\$5.00 May Be Added to Fees	L .	DATE lake check payable t ida Department of S	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DE	9. Election Cam Trust Fund Co	paign Finan	ncing	\$5.00 May Be Added to Fees	Flor		tate
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR OFFICER