


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 755032 1. Entity Name C. ROBERT MARKHAM FOUNDATION, INC.	
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Principal Place of Business 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	Mailing Address 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065
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04032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2082553	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, JOHN A. 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000550946 05/06/06-80020-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOOD, GAYLORD A JR 304 S W 12TH STREET FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKHAM, MADOLYN 5242 REDWOOD PLACE FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARKHAM, SHARON R 58 CAYUGA RD FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD MARKHAM, JAMES R 58 CAYUGA ROAD FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKHAM, ROBERT W 58 CAYUGA ROAD FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Sharon R. Markham <small>Date</small>	954-796-8560 <small>Daytime Phone #</small>
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