

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90074 028 ****61.25

40054000



DOCUMENT # 755032 1. Entity Name C. ROBERT MARKHAM FOUNDATION, INC.					
Principal Place of Business 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065			Mailing Address 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box # 7900 Nova Drive		3. Mailing Address 7900 Nova Drive			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101			
City & State Davie, FL		City & State Davie, FL			
Zip 33324	Country US	Zip 33324	Country US	4. FEI Number 59-2082553	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JOHN A. 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Smith, John A Street Address (P.O. Box Number is Not Acceptable) 7900 Nova Drive Suite 101 City Davie FL Zip Code 33324	
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><i>Sharon R Markham</i></u> <u><i>Directors</i></u> <u><i>4/1/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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		<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		<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		<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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>X Sharon R Markham</i>			Sharon Markham		4/1/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

954-577-6872