2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763391

Title:

Name:

Address:

City-St-Zip:

FILED Apr 05, 2005 Secretary of State

Entity Name: SEYMOUR R. MARCO FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 551260 JACKSONVILLE, FL 32255 **Current Mailing Address: New Mailing Address:** PO BOX 551260 JACKSONVILLE, FL 32255 US FEI Number: 59-2197357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD **BLDG 100** JACKSONVILLE, FL 32256 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SHORTEIN, JACK F TR-, TST SHORSTEIN, JACK F TR-TST Name: Name: 8265 BAYBERRY RD Address: 8265 BAYBERRY RD Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL US (X) Change () Addition Title: Title: () Delete SHORSTEIN, MARK Name: SHORSTEIN, MARK Name: Address: 8265 BAYBERRY ROAD Address: 8265 BAYBERRY ROAD City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 US Title: TPD () Delete Title: (X) Change () Addition MARCO, DAVID A TRUST, EE MARCO, DAVID A TRUSTEE Name: Name: 2399 OCEAN BREEZE COURT Address: 2399 OCEAN BREEZE COURT Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: ATLANTIC BEACH, FL 32233 US Title: TD () Delete Title: TV (X) Change () Addition Name: MARCO, CHARON TRUSTE, E Name: MARCO, CHARON TRUSTEE 7901 E BAYMEADOWS CIR 7901 E BAYMEADOWS CIR Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID MARCO TP 04/05/2005

() Delete

() Change (X) Addition

SHORSTEIN, SAMUEL R

JACKSONVILLE, FL US

8265 BAYBERRY RD