## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 763391** 

FILED Apr 25, 2006 Secretary of State

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

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
PO BOX 5 JACKSON	51260 IVILLE, FL 3225	5		
Current Mailing Address:		New Maili	New Mailing Address:	
PO BOX 5 JACKSON	51260 IVILLE, FL 3225	5 US		
FEI Number	: 59-2197357	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )
Name and	d Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:
5150 BELI BLDG 100 JACKSON The above	IVILLE, FL 3225	6 US	purpose of changing	ts registered office or registered agent, or both,
SIGNATU	RE:			
	Electronic	: Signature of Registered Ag	ent	Date
OFFICER	Electronic S AND DIRECT			Date IS/CHANGES TO OFFICERS AND DIRECTORS:
OFFICER Title: Name: Address: City-St-Zip:	S AND DIRECT	ORS:  Helete  K F TR-TST  RD		
Title: Name: Address:	TTS () E SHORSTEIN, JAC 8265 BAYBERRY JACKSONVILLE,	Pelete PER F TR-TST PEL US PEL	ADDITION Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address:	TTS () C SHORSTEIN, JAC 8265 BAYBERRY JACKSONVILLE, TS () C SHORSTEIN, MAI 8265 BAYBERRY JACKSONVILLE,	DRS: Delete CK F TR-TST RD FL US Delete RK PROAD FL 32256 US Delete CTRUSTEE EEZE COURT	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	VTS (X) Change ( ) Addition  VTS (X) Change ( ) Addition  SHORSTEIN, MARK 8265 BAYBERRY ROAD
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	TTS () C SHORSTEIN, JAC 8265 BAYBERRY JACKSONVILLE, TS () C SHORSTEIN, MAI 8265 BAYBERRY JACKSONVILLE, TP () C MARCO, DAVID A 2399 OCEAN BRI ATLANTIC BEACH	Pelete Pick F TR-TST Pick F TR	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	VTS (X) Change ( ) Addition  VTS (X) Change ( ) Addition  SHORSTEIN, MARK 8265 BAYBERRY ROAD JACKSONVILLE, FL 32256 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: DAVID A. MARCO TP 04/25/2006