2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763391

FILED Apr 06, 2009 Secretary of State

Entity Name: MARCO FAMILY FOUNDATION INC.

Current Principal Place of Business: New Principal Place of Business: 5150 BELFORT ROAD, BLDG 100 JACKSONVILLE, FL 32256 **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: () Delete () Change () Addition SHORSTEIN, JACK F TR-TST Name: Name: 8265 BAYBERRY RD Address: Address: City-St-Zip: JACKSONVILLE, FL US City-St-Zip: Title: VTS () Delete Title: () Change () Addition Name: SHORSTEIN, MARK Name: Address: 8265 BAYBERRY ROAD Address: City-St-Zip: JACKSONVILLE, FL 32256 US City-St-Zip: Title: () Delete Title: () Change () Addition MARCO, DAVID A TRUSTEE Name: Name: Address: 2399 OCEAN BREEZE COURT Address: City-St-Zip: ATLANTIC BEACH, FL 32233 US City-St-Zip: Title: TV () Delete Title: () Change () Addition Name: MARCO, CHARON TRUSTEE Name: 7901 E BAYMEADOWS CIR Address: Address: City-St-Zip: JACKSONVILLE, FL US City-St-Zip: Title: Title: () Delete () Change () Addition SHORSTEIN, SAMUEL R Name: Name: 8265 BAYBERRY RD Address: Address: City-St-Zip: JACKSONVILLE, FL US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 MARCO TP 04/06/2009