

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90031 026 ****61.25

DOCUMENT # F06000005930

1. Entity Name
**THE CLARKS COMPANIES FOUNDATION
CORPORATION**



Principal Place of Business
**156 OAK ST.
NEWTON UPPER FALLS, MA 02464**

Mailing Address
**156 OAK ST.
NEWTON UPPER FALLS, MA 02464**

40127223



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

620 South Union Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192007 Chg-NP CR2E037 (12/06)

City & State

City & State

Kennett Square, PA

4. FEI Number
20-4511300

Applied For
Not Applicable

Zip

Country

Zip

Country

19348

Chester

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **P** ☐ Delete
NAME **INFANTINO, ROBERT**
STREET ADDRESS **156 OAK ST.**
CITY-ST-ZIP **NEWTON UPPER FALLS, MA 02464**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Jane Feingensen**
STREET ADDRESS **126 Oak St.**
CITY-ST-ZIP **Newton Upper Falls, MA 02464**

TITLE **EVCF** ☐ Delete
NAME **SALZANO, JAMES**
STREET ADDRESS **156 OAK ST.**
CITY-ST-ZIP **NEWTON UPPER FALLS, MA 02464**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **GETTS, DAVID**
STREET ADDRESS **156 OAK ST.**
CITY-ST-ZIP **NEWTON UPPER FALLS, MA 02464**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CC** ☒ Delete
NAME **JARVIS, KARLA**
STREET ADDRESS **156 OAK ST.**
CITY-ST-ZIP **NEWTON UPPER FALLS, MA 02464**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SV** ☒ Delete
NAME **CHAMPION, GARY**
STREET ADDRESS **156 OAK ST.**
CITY-ST-ZIP **NEWTON UPPER FALLS, MA 02464**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MORAN, SUSAN**
STREET ADDRESS **156 OAK ST.**
CITY-ST-ZIP **NEWTON UPPER FALLS, MA 02464**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/07

Date

610-925-1875

Daytime Phone #