

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # F93000001501

1. Entity Name

BERNARD A. AND CHRIS MARDEN FOUNDATION, INC.



Principal Place of Business

TWO NORTH BREAKERS ROW

N-PH-3

PALM BEACH, FL 33480 US

Mailing Address

TWO NORTH BREAKERS ROW

N-PH-3

PALM BEACH, FL 33480 US



04262006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0409920

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARDEN, BERNARD A
TWO NORTH BREAKERS ROW
N-PH 3
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**1100000553897
05/15/06-80071-008 61.25**

10. OFFICERS AND DIRECTORS

**TITLE DCPT
NAME MARDEN, BERNARD A
STREET ADDRESS TWO NORTH BREAKERS ROW, # N-PH 3
CITY-ST-ZIP PALM BEACH, FL**

**TITLE DVCS
NAME MARDEN, CHARLOTTE
STREET ADDRESS TWO NORTH BREAKERS ROW, N-PH 3
CITY-ST-ZIP PALM BEACH, FL**

**TITLE D
NAME MARDEN, JAMES P
STREET ADDRESS 7 HUBERT STREET, PH 3
CITY-ST-ZIP NEW YORK, NY**

**TITLE D
NAME AULD, PATRICE MARDEN
STREET ADDRESS 1137 HARVARD AVE., E.
CITY-ST-ZIP SEATTLE, WA**

**TITLE VPVC
NAME MARDEN, CHARLOTTE
STREET ADDRESS TWO NORTH BREAKERS ROW, N-PH 3
CITY-ST-ZIP PALM BEACH, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

Date

561-833-2001

Daytime Phone #