

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F93000001501

1. Entity Name

BERNARD A. AND CHRIS MARDEN FOUNDATION, INC.



FILED

Apr 26, 2007 08:00 AM

Secretary of State

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



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/06)

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

7. Name and Address of New Registered Agent
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 remaining.) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
DCPT	MARDEN, BERNARD A	TWO NORTH BREAKERS ROW, # N-PH 3	PALM BEACH FL	<input type="checkbox"/>
DVCS	MARDEN, CHARLOTTE	TWO NORTH BREAKERS ROW, N-PH 3	PALM BEACH FL	<input type="checkbox"/>
D	MARDEN, JAMES P	7 HUBERT STREET, PH 3	NEW YORK NY	<input type="checkbox"/>
D	AULD, PATRICE MARDEN	1137 HARVARD AVE., E.	SEATTLE WA	<input type="checkbox"/>
VPVC	MARDEN, CHARLOTTE	TWO NORTH BREAKERS ROW, N-PH 3	PALM BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]

4/20/07 561-833-2001