

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 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
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2. Principal Place of Business - No. P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 65-0409920	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARDEN, BERNARD A TWO NORTH BREAKERS ROW N-PH 3 PALM BEACH FL 33480	
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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 _____	DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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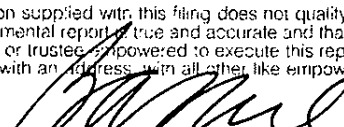
**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
DCPT MARDEN, BERNARD A TWO NORTH BREAKERS ROW, # N-PH 3 PALM BEACH FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
DVCS MARDEN, CHARLOTTE TWO NORTH BREAKERS ROW, N-PH 3 PALM BEACH FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
D MARDEN, JAMES P 7 HUBERT STREET, PH 3 NEW YORK NY	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
D AULD, PATRICE MARDEN 1137 HARVARD AVE., E. SEATTLE WA	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
VPVC MARDEN, CHARLOTTE TWO NORTH BREAKERS ROW, N-PH 3 PALM BEACH FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

000000930242
05/21/08-80100-010 61.25

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: 

4/28/08 561-833-2001