

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009429

FILED
May 10, 2006
Secretary of State

Entity Name: DAVID R. MARKIN FOUNDATION, INC.

Current Principal Place of Business:

70 BLOSSOM WAY
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

70 BLOSSOM WAY
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 20-0363110 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHEPPS, MITCHELL D ESQ.
777 S FLAGLER DRIVE, STE. 600E
WEST PALM BEACH, FL 33401 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:

Title: PTSD () Delete
Name: MARKIN, DAVID R
Address: 70 BLOSSOM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: MARKIN, JOHN
Address: 1030 NORTH STATE STREET, #30L
City-St-Zip: CHICAGO, IL 60610

Title: D () Delete
Name: MARKIN, CHRISTOPHER
Address: 2016 NORTH PITCHER STREET
City-St-Zip: KALAMAZOO, MI 49007

Title: D () Delete
Name: MARKIN, MEREDITH
Address: 303 WEST 21ST STREET, #14D
City-St-Zip: NEW YORK, NY 10011

Title: D () Delete
Name: KAMENSTEIN MARKIN, TRACY
Address: 70 BLOSSOM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: MARKIN, JUSTIN
Address: 232 WHITCOMB STREET
City-St-Zip: KALAMAZOO, MI 49001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 R MARKIN

PTSD

05/10/2006

Electronic Signature of Signing Officer or Director

Date