

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009429

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: DAVID R. MARKIN FOUNDATION, INC.

**Current Principal Place of Business:**

220 SUNRISE AVENUE  
SUITE 203  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

220 SUNRISE AVENUE  
SUITE 203  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 20-0363110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARKIN, DAVID R  
220 SUNRISE AVENUE  
SUITE 203  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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: 220 SUNRISE AVENUE, STE. 203  
City-St-Zip: PALM BEACH, FL 33480

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: 220 SUNRISE AVENUE, STE. 203  
City-St-Zip: PALM BEACH, FL 33480

**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:

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

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date