

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000011931 1. Entity Name MARINO FAMILY FOUNDATION, INC.	
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Principal Place of Business 2853 CAPISTRANO WAY NAPLES, FL 34105	Mailing Address 2853 CAPISTRANO WAY NAPLES, FL 34105
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DO NOT WRITE IN THIS SPACE



05052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3863090	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUCKEL, ROBERT M C/O PORTER, WRIGHT & ARTHUR LLP 5801 PELICAN BAY BOULEVARD, SUITE 300 NAPLES, FL 34108

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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.

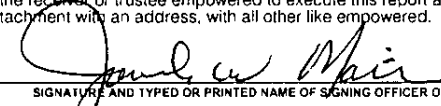
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000950904 06/04/08-80010-018 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINO, JOSEPH W 2853 CAPISTRANO WAY NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINO, MARGUERITE M 2853 CAPISTRANO WAY NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTO, GENE P 160 NORTH POINTE BLVD., SUITE 200 LANCASTER, PA 17601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **5/6/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #