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.

Principal Place of Business	Mailing Address
2853 CAPISTRANO WAY NAPLES, FL 34105	2853 CAPISTRANO WAY NAPLES, FL 34105

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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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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
05/04/08-80010-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARINO, JOSEPH W
STREET ADDRESS	2853 CAPISTRANO WAY
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D
NAME	MARINO, MARGUERITE M
STREET ADDRESS	2853 CAPISTRANO WAY
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D
NAME	OTTO, GENE P
STREET ADDRESS	160 NORTH POINTE BLVD., SUITE 200
CITY-ST-ZIP	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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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 #