2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006610

May 01, 2008 Secretary of State

FILED

Entity Name: THE CLARKE FOUNDATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

3048 CAMELLIAWOOD CIRCLE EAST TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

3048 CAMELLIAWOOD CIRCLE EAST TALLAHASSEE, FL 32301

FEI Number: 26-0471671 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:

CLARKE, FAITH CLARKE, FAITH DIR 3048 CAMELLIAWOOD CIRCLE EAST

3048 CAMELLIAWOOD CIRCLE EAST TALLAHASSEE, FL FL 32301 US TALLAHASSEE, FL FL 32301 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: FAITH CLARKE 05/01/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CLARKE, FAITH CLARKE, FAITH Name: Name:

Address: 3048 CAMELLIAWOOD CIRCLE EAST Address: 3048 CAMELLIAWOOD CIRCLE EAST

City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete Title: (X) Change () Addition

JONES, AUDREY Name: Name: JONES, AUDREY Address: 40 TOWER AVENUE Address: 40 TOWER AVENUE City-St-Zip: HARTFORD, CT 06120 City-St-Zip: HARTFORD, CT 06120

Title: () Delete Title: () Change () Addition

CLARKE, MARSHA Name: Name: 3048 CAMELLIAWOOD CIRCLE EAST Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 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: FAITH CLARKE DIR 05/01/2008