

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006610

FILED  
May 01, 2008  
Secretary of State

Entity Name: THE CLARKE FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

3048 CAMELLIAWOOD CIRCLE EAST  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

3048 CAMELLIAWOOD CIRCLE EAST  
TALLAHASSEE, FL 32301

**New Mailing Address:**

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:**

CLARKE, FAITH  
3048 CAMELLIAWOOD CIRCLE EAST  
TALLAHASSEE, FL FL 32301 US

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

CLARKE, FAITH DIR  
3048 CAMELLIAWOOD CIRCLE EAST  
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:**

Title: P ( ) Delete  
Name: CLARKE, FAITH  
Address: 3048 CAMELLIAWOOD CIRCLE EAST  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Delete  
Name: JONES, AUDREY  
Address: 40 TOWER AVENUE  
City-St-Zip: HARTFORD, CT 06120

Title: VP ( ) Delete  
Name: CLARKE, MARSHA  
Address: 3048 CAMELLIAWOOD CIRCLE EAST  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: CLARKE, FAITH  
Address: 3048 CAMELLIAWOOD CIRCLE EAST  
City-St-Zip: TALLAHASSEE, FL 32301

Title: P (X) Change ( ) Addition  
Name: JONES, AUDREY  
Address: 40 TOWER AVENUE  
City-St-Zip: HARTFORD, CT 06120

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: FAITH CLARKE

DIR

05/01/2008

Electronic Signature of Signing Officer or Director

Date