

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006610

FILED
Apr 30, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CLARKE, FAITH P
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

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date