FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # N96000006087 (8)

1. Corporation Name

THE CLARK FOUNDATION, INC.

Principal Place of Business	Mailing Address
1702 NW 124TH WAY CORAL SPRINGS FL 33071	1702 NW 124TH WAY CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: 11/25/1996

4. FEI Number: 65-0720830 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEIMARK, CORT A
800 CORPORATE DRIVE STE 602
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ATTARIAN, CLAUDIA C		1.2 NAME		
STREET ADDRESS	1782 N.W. 124 WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CLARK, MARLO W		2.2 NAME		
STREET ADDRESS	1010 CORAL RIDGE DRIVE, # 303		2.3 STREET ADDRESS	7404 CHASTAIN DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP	ATLANTA, GA. 30342	
TITLE	S T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, JEFFERY T		3.2 NAME		
STREET ADDRESS	4002 TRENTON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33026		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, RICHARD S		4.2 NAME		
STREET ADDRESS	301 OAKCREST DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SHELBYVILLE KN 40065		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	CLARK, WILLIS W III		5.2 NAME		
STREET ADDRESS	248 GULLANE DRIVE		5.3 STREET ADDRESS	248 GULLANE DRIVE	
CITY-ST-ZIP	CHARLESTON SC 29414		5.4 CITY-ST-ZIP	CHARLESTON, S.C. 29414	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Claudia C Attarian CLAUDIA C. ATTARIAN 1/14/98 954-753-9394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #