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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006087

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/25/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0720830 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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)
800 Corporate Drive Ste 420

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	7404 CHASTAIN DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30342		2.4 CITY-ST-ZIP		
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	148 Quail Creek Drive	
CITY-ST-ZIP	COOPER CITY FL 33026		3.4 CITY-ST-ZIP	Helena, AL 35080	
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 DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLESTON SC 29414		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: Claudia C. Attarian ELECTRONICALLY FILED 1-2-99 954-753-9394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #