# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 06, 2004 8:00 am**
**Secretary of State**
02-06-2004 90008 024 ****61.25

DOCUMENT # N96000006087

1. Entity Name

THE CLARK FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 20 PAGET COURT<br>VERO BEACH FL 32963 | 20 PAGET COURT<br>VERO BEACH FL 32963 |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NEIMARK, CORT A<br>800 CORPORATE DR STE 400<br>FORT LAUDERDALE FL 33334 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ATTARIAN, CLAUDIA C<br>3 JUPITER HILLS CT<br>DURHAM NC 27712 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CLARK, MARLO W<br>20 PAGET COURT<br>VERO BEACH FL 32963 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S\T<br>CLARK, JEFFERY T<br>148 QUAIL CREEK DR<br>HELENA AL 35080 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>1113 MANNING DRIVE<br>EL DORADO HILLS, CA 95762 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLARK, RICHARD S<br>301 OAKCREST DRIVE<br>SHELBYVILLE KY 40065 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>5306 LEGACY DRIVE<br>LOWELL, AR 72745 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLARK, WILLIS W III<br>248 GULLANE DR<br>CHARLESTON SC 29414 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Claudia C Attarian (CLAUDIA C. ATTARIAN) 2/1/04 919-471-9779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #