2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006087

City-St-Zip:

CHARLESTON, SC 29414

FILED Jan 06, 2006 Secretary of State

Entity Nar	me: THE CLA	RK FOUNDATION, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
20 PAGET VERO BEA	COURT ACH, FL 3296	3					
Current M	lailing Addres	ss:	New Maili	New Mailing Address:			
20 PAGET VERO BEA	COURT ACH, FL 3296	3					
FEI Number:	: 65-0720830	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Des	sired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of Ne	w Registered Agen	t:	
	, CORT A PORATE DR S JDERDALE, F						
	named entity of Florida.	submits this statement for the p	ourpose of changing i	ts registered offi	ice or registered age	nt, or both,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered Ag	ent	Date			
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (ATTARIAN, CL/ 3 JUPITER HIL DURHAM, NC	LS CT	Title: Name: Address: City-St-Zip:	() C	Change () Addition		
Title: Name: Address: City-St-Zip:	VP (FREDEEN, MA 656 DATE PAL VERO BEACH,	M ROAD	Title: Name: Address: City-St-Zip:	VP (X) C FREDEEN, MARL 131 CAMP MORE CAMP MOREHEA	HEAD DRIVE		
Title: Name: Address: City-St-Zip:	CLARK, JEFFE 1113 MANNING		Title: Name: Address: City-St-Zip:	S\T (X) C CLARK, JEFFER' 18856 EAST EAS CENTENNIAL, CC	TER PLACE		
Title: Name: Address: City-St-Zip:	D (CLARK, RICHA 5306 LEGACY LOWELL, AR	DRIVE	Title: Name: Address: City-St-Zip:	D (X) C CLARK, RICHARI 5306 LEGACY DI ROGERS, AR 72	RIVE		
Title: Name: Address:	D () CLARK, WILLI 248 GULLANE		Title: Name: Address:	() C	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: CLAUDIA C. ATTARIAN Ρ 01/06/2006