

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90091 008 ****61.25

DOCUMENT # N97000003059

1. Corporation Name

**THE SAMUEL AND ANNA MARION CHARITABLE FOUNDATION
, INC.**

Principal Place of Business

**5840 BRIDLEWAY CIRCLE
BOCA RATON FL 33496**

Mailing Address

**5840 BRIDLEWAY CIRCLE
BOCA RATON FL 33496**



2. Principal Place of Business

21
Suite, Apt. #, etc.

23
City & State

24
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

31-1538384

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HCRM CORP
2200 CORPORATE BLVD NW STE 401
BOCA RATON FL 33431**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**
NAME **MARION, SAMUEL**
STREET ADDRESS **5840 BRIDLEWAY CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☒ DELETE
NAME **MARION, ANNA**
STREET ADDRESS **5840 BRIDLEWAY CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ DELETE
NAME **KAPLAN, RICKY S**
STREET ADDRESS **1460 RT 8 NO STE 203**
CITY-ST-ZIP **WOODBRIEGE NJ 07095**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **DIRECTOR**
4.3 STREET ADDRESS **LESTER MARION**
4.4 CITY-ST-ZIP **3800 BELLWOOD ROAD**
BETHESDA, MD 20817

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **DIRECTOR**
5.3 STREET ADDRESS **ROBERT MARION**
5.4 CITY-ST-ZIP **322 SOUTHGERRY AVENUE**
MAMARONECK, NY 10543

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED *Samuel Marion* 4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)