


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90155 040 ****61.25

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1. Entity Name
THE SAMUEL AND ANNA MARION CHARITABLE FOUNDATION, INC.



Principal Place of Business
1500 PALISADES AVE
6-D
FORT LEE, NJ 07024

Mailing Address
1500 PALISADES AVE
6-D
FORT LEE, NJ 07024

00010444



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02022005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
31-1538384

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HCRM CORP
2200 CORPORATE BLVD NW STE 401
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2005

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARION, SAMUEL	
STREET ADDRESS	1500 PALISADES AVE., 6-D	
CITY-ST-ZIP	FORT LEE, NJ 07024	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, RICKY S	
STREET ADDRESS	1460 RT 8 NO STE 203	
CITY-ST-ZIP	WOODBRIEGE, NJ 07095	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARION, LESTER	
STREET ADDRESS	8800 BELLWOOD ROAD	
CITY-ST-ZIP	BETHESDA, MD 20817	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARION, ROBERT	
STREET ADDRESS	322 SOUTHBERRY AVENUE	
CITY-ST-ZIP	MAMRANECK, NY 10543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 _____ DATE **2/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR