


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90047 014 \*\*\*\*61.25

DOCUMENT # N97000003059

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

00060687

2. Principal Place of Business - No P.O. Box #  
 15436 STRATHEARN DRIVE  
 Suite, Apt. #, etc.

3. Mailing Address  
 15436 STRATHEARN DRIVE  
 Suite, Apt. #, etc.

03132007 Chg-NP CR2E037 (12/06)

City & State  
 DELRAY BEACH FL

City & State  
 DELRAY BEACH FL

Zip  
 33446

Country

Zip  
 33446

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, 2007**

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARION, SAMUEL	
STREET ADDRESS	15436 STRATHEARN DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
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 exemptions contained 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 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: Samuel Marion Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR