

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-26-2007 90047 014 ****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**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARION, SAMUEL		NAME MARION, SAMUEL	
STREET ADDRESS 1500 PALISADES AVE., 6-D		STREET ADDRESS 15436 STRATHEARN DRIVE	
CITY-ST-ZIP FORT LEE, NJ 07024		CITY-ST-ZIP DELRAY BEACH, FL 33446	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAPLAN, RICKY S		NAME	
STREET ADDRESS 1460 RT 8 NO STE 203		STREET ADDRESS	
CITY-ST-ZIP WOODBRIEGE, NJ 07095		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARION, LESTER		NAME	
STREET ADDRESS 8800 BELLWOOD ROAD		STREET ADDRESS	
CITY-ST-ZIP BETHESDA, MD 20817		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARION, ROBERT		NAME	
STREET ADDRESS 322 SOUTHBERRY AVENUE		STREET ADDRESS	
CITY-ST-ZIP MAMRANECK, NY 10543		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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