

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

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000005794

1. Entity Name
MARSHALL E. RINKER, SR. FOUNDATION, INC.



Principal Place of Business
**310 OKEECHOBEE BLVD.
SUITE 100
WEST PALM BEACH, FL 33401 US**

Mailing Address
**310 OKEECHOBEE BLVD.
SUITE 100
WEST PALM BEACH, FL 33401 US**



04062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0871532

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BREMER, PAUL C
310 OKEECHOBEE BLVD
SUITE 100
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RINKER, DAVID B
STREET ADDRESS 310 OKEECHOBEE BLVD., SUITE 100
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VD
NAME RINKER, LEIGHAN R
STREET ADDRESS 310 OKEECHOBEE BLVD., SUITE 100
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE STD
NAME BREMER, PAUL C
STREET ADDRESS 310 OKEECHOBEE BLVD, SUITE 100
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME CRISER, MARSHALL M
STREET ADDRESS 100 NW 20TH ST., ROOM 204
CITY-ST-ZIP GAINESVILLE, FL 32603

TITLE D
NAME JOHNSON, RICHARD S
STREET ADDRESS 505 S FLAGLER DRIVE STE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/26/07-80061-002 61.25

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: _____

David B. Rinker

4/12/07

561-835-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #