

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13909 (9)

1. Corporation Name

**THE CELIA LIPTON FARRIS AND VICTOR W. FARRIS FOUN-
DATION, INC.**

Principal Place of Business

Mailing Address

**% PETER VAN ANDEL
777 S. FLAGLER DR. SUITE 500E
WEST PALM BEACH FL 33401**

**% PETER VAN ANDEL
777 S. FLAGLER DR. SUITE 500E
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1986

3a. Date of Last Report

02/28/1994

4. FBI Number

22-6041585

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAN ANDEL, PETER
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH FL 33401**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FARRIS, CECILIA L.
STREET ADDRESS	319 EL VEDADO RD.
CITY-ST-ZIP	PALM BCH FL
TITLE	TD
NAME	MITCHELL, STANLEY
STREET ADDRESS	455 CENTRAL PARK AVENUE
CITY-ST-ZIP	SCARSDALE NY
TITLE	S
NAME	VAN ANDEL, PETER
STREET ADDRESS	777 S. FLAGLER DR S 500E
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	D
NAME	MORGAN, JAMES E. JR
STREET ADDRESS	40 COCOANUT ROW
CITY-ST-ZIP	PALM BEACH FL
TITLE	D
NAME	KATZ, AARON
STREET ADDRESS	100 CLYDE MORRIS BLVD., APT. 320
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D
5.3 STREET ADDRESS	Bernard M. Katz
5.4 CITY-ST-ZIP	8 Flintstone Court
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	Palm Coast, FL 32137
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #