


FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13909 (9)**  
1. Corporation Name  
**THE CELIA LIPTON FARRIS AND VICTOR W. FARRIS FOUNDATION, INC.**



Principal Place of Business <b>% PETER VAN ANDEL 777 S. FLAGLER DR. SUITE 500E WEST PALM BEACH FL 33401</b>	Mailing Address <b>% PETER VAN ANDEL 777 S. FLAGLER DR. SUITE 500E WEST PALM BEACH FL 33401-6104</b>
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3. Date Incorporated or Qualified <b>03/18/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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4. FEI Number <b>22-6041585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**VAN ANDEL, PETER  
777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FARRIS, CECELIA L.</b>	
STREET ADDRESS	<b>319 EL VEDADO RD.</b>	
CITY - ST - ZIP	<b>PALM BCH FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MITCHELL, STANLEY</b>	
STREET ADDRESS	<b>455 CENTRAL PARK AVENUE</b>	
CITY - ST - ZIP	<b>SCARSDALE NY</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN ANDEL, PETER</b>	
STREET ADDRESS	<b>777 S. FLAGLER DR S 500E</b>	
CITY - ST - ZIP	<b>WEST PALM BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORGAN, JAMES E. JR</b>	
STREET ADDRESS	<b>255 S. County Road</b>	
CITY - ST - ZIP	<b>Palm Beach, FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KATZ, BERNARD M.</b>	
STREET ADDRESS	<b>8 FLINTSTONE COURT</b>	
CITY - ST - ZIP	<b>PALM COAST FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Retterer, Marian Farris</b>	
1.3 STREET ADDRESS	<b>1560 S.W. 17 Street</b>	
1.4 CITY - ST - ZIP	<b>Boca Raton, FL</b>	
2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Farris, Cecile Victoria</b>	
2.3 STREET ADDRESS	<b>5 Calle Cabito</b>	
2.4 CITY - ST - ZIP	<b>Sante Fe, NM</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Peter Van Anhel, Secretary (561) 655-1980

CR2E037 (9/96)