

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N13909 (9)
1. Corporation Name
THE CELIA LIPTON FARRIS AND VICTOR W. FARRIS FOUNDATION, 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

3. Date Incorporated or Qualified
03/18/1986
4. FEI Number 22-6041585 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FARRIS, CECELIA L. 319 EL VEDADO RD. PALM BCH FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D FARRIS, CECILE VICTORI 5 CALLE CABITO SANTE FE NM	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S VAN ANDEL, PETER 777 S. FLAGLER DR S 500E WEST PALM BCH FL	3.1 TITLE	DS Van An-del, Peter
NAME		3.2 NAME	777 S. Flagler Dr S 500E
STREET ADDRESS		3.3 STREET ADDRESS	WEST PALM BEACH FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MORGAN, JAMES E. JR 255 S COUNTY RD PALM BEACH FL	4.1 TITLE	DT MORGAN, JAMES E. JR.
NAME		4.2 NAME	255 S. COUNTY RD.
STREET ADDRESS		4.3 STREET ADDRESS	PALM BEACH FL.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D RETTNER, MARIAN F 1580 SW 17 ST BOCA RATON FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Cecelia L. Farris* (561) 655-1980
CECELIA L. FARRIS, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038468

CR2E037 (10/97)