


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90028 011 ****61.25

DOCUMENT # N13909

1. Entity Name
THE CELIA LIPTON FARRIS AND VICTOR W. FARRIS FOUNDATION, INC.



Principal Place of Business
**% PETER VAN ANDEL
 777 S. FLAGLER DR. SUITE 500E
 WEST PALM BEACH, FL 33401**

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



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01212005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number
22-6041585

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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, 2005**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FARRIS, CECELIA L	319 EL VEDADO RD.	PALM BEACH, FL	<input type="checkbox"/>
D	FARRIS, CECILE VICTOR	5 CALLE CABITO	SANTE FE, NM	<input type="checkbox"/>
DS	VAN ANDEL, PETER	777 S. FLAGLER DR S 500E	WEST PALM BCH, FL	<input type="checkbox"/>
D	BARROW, MICHAEL A	6401 S.W. 87TH AVE., #210	MIAMI, FL 33173	<input type="checkbox"/>
D	RETTNER, MARIAN F	1560 SW 17 ST	BOCA RATON, FL	<input type="checkbox"/>
D	SCAFF, DAVID H	255 S COUNTY RD	PALM BEACH, FL 33480	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR