

DOCUMENT # N13909

1. Entity Name

THE CELIA LIPTON FARRIS AND VICTOR W. FARRIS FOUNDATION, INC.



FILED Apr 04, 2007 08:00 All Secretary of State

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



DO NOT WRITE IN THIS SPACE

03232007 No Chg-NP CR2E037 (4/06)

4. FEI Number		Applied For
22-6041585		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

Daytime Phone #

6. Name and Address of Current Registered Agent

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent and lit	te il applicable (NOTE, Registered	Agent signature required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finant Trust Fund Contribution.	string \$5.00 May Be Added to Fees	U00000689705 04711707-80042-020-61-25			
10.	OFFICERS AND DIR	ECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PD FARRIS, CECELIA L 319 EL VEDADO RD. PALM BEACH, FL		,	·			
NAME FARRIS, CECILE VICTORI STREET ADDRESS CITY-S1-ZIP SANTE FE, NM							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VAN ANDEL, PETER 777 S. FLAGLER DR S 500E WEST PALM BCH, FL		DO	OT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROW, MICHAEL A 6401 S.W. 87TH AVE., #210 MIAMI, FL 33173		IN '	THIS SPACE			
TITLE NAME STRLET ADDRESS CITY-ST-ZIP	D RETTERER, MARIAN F 1560 SW 17 ST BOCA RATON, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby 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							