


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90016 017 ****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
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02142008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 22-6041585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRIS, CECELIA L 319 EL VEDADO RD. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIS, CECILE VICTORI 5 CALLE CABITO SANTE FE, NM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VAN ANDEL, PETER 777 S. FLAGLER DR S 500E WEST PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROW, MICHAEL A 6401 S.W. 87TH AVE., #210 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RETTNER, MARIAN F 1560 SW 17 ST BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEY, STEPHANIE 686 VIA VERONA, VILLA D'ESTE #46 DEERFIELD BEACH, FL 33442

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12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cecelia L. Farris _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____