

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13909

FILED  
Jan 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 22-6041585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FARRIS, CECELIA L  
Address: 319 EL VEDADO RD.  
City-St-Zip: PALM BEACH, FL

Title: D ( ) Delete  
Name: FARRIS, CECILE VICTORI  
Address: 5 CALLE CABITO  
City-St-Zip: SANTE FE, NM

Title: DS ( ) Delete  
Name: VAN ANDEL, PETER  
Address: 777 S. FLAGLER DR S 500E  
City-St-Zip: WEST PALM BCH, FL

Title: D ( ) Delete  
Name: BARROW, MICHAEL A  
Address: 6401 S.W. 87TH AVE., #210  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: RETTERER, MARIAN F  
Address: 1560 SW 17 ST  
City-St-Zip: BOCA RATON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECELIA L. FARRIS

PD

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date