

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13909

**FILED**  
**Apr 27, 2020**  
**Secretary of State**  
**2995076667CC**

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

**Current Principal Place of Business:**

2 LIBERTY SQUARE  
SUITE 500  
BOSTON, MA 02109

**Current Mailing Address:**

2 LIBERTY SQUARE  
SUITE 500  
BOSTON, MA 02109 US

**FEI Number: 59-2667398**

**Certificate of Status Desired: No**

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

HAGEY, BRENT G. II MR.  
515 NE 12TH AVE.  
FORT LAUDERDALE, FL 33301 US

*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: BRENT G. HAGEY II**

**04/27/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name FARRIS, GEORGE F  
Address 2 LIBERTY SQUARE  
SUITE 500  
City-State-Zip: BOSTON MA 02109

Title TRUSTEE  
Name FARRIS, CECILE V  
Address 2 LIBERTY SQUARE  
SUITE 500  
City-State-Zip: BOSTON MA 02109

Title VP  
Name FARRIS, MARIAN  
Address 2 LIBERTY SQUARE  
SUITE 500  
City-State-Zip: BOSTON MA 02109

Title TRUSTEE  
Name D'MEZA, STEPHANIE F  
Address 2 LIBERTY SQUARE  
SUITE 500  
City-State-Zip: BOSTON MA 02109

Title PRESIDENT  
Name HAGEY, BRENT G II  
Address 515 NE 12TH AVE.  
City-State-Zip: FORT LAUDERDALE FL 33301

Title TREASURER  
Name FARRIS, ANDREW  
Address 2 LIBERTY SQUARE  
SUITE 500  
City-State-Zip: BOSTON MA 02109

Title TRUSTEE  
Name UNDERWOOD, SAVANNAH  
Address 2 LIBERTY SQUARE  
SUITE 500  
City-State-Zip: BOSTON MA 02109

Title SECRETARY  
Name RETTERER, JAMIE  
Address 2 LIBERTY SQUARE  
SUITE 500  
City-State-Zip: BOSTON MA 02109

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*I hereby 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 all other like empowered.*

**SIGNATURE: BRENT G. HAGEY II**

**PRESIDENT**

**04/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name FARRIS, SUKYIN AGNES  
Address 2 LIBERTY SQUARE  
SUITE 500  
City-State-Zip: BOSTON MA 02109