

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000013005

**Entity Name:** WHITEHALL FOUNDATION, INC.**Current Principal Place of Business:**220 SUNRISE AVENUE  
SUITE 211  
PALM BEACH, FL 33480**Current Mailing Address:**PO BOX 3423  
PALM BEACH, FL 33480 US**FEI Number:** 13-5637595**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT  
Name BEALL, JR., MR. KENNETH S. ESQ.  
Address 744 ISLAND DRIVE  
City-State-Zip: PAM BEACH FL 33480

Title PRESIDENT  
Name THOMAS, MS. CATHERINE M.  
Address 127 MAIN STREET  
City-State-Zip: SANDWICH MA 02563

Title TRUSTEE  
Name JAYNE, MS. KATHARINE M.  
Address 1893 SW MOCKINGBIRD LANE  
City-State-Zip: PALM CITY FL 34990

Title TRUSTEE  
Name BROOKS, MS. MELISSA M.  
Address PO BOX 2179  
City-State-Zip: BREWSTER MA 02631

Title SECRETARY  
Name GIBBONS- NEFF, MS. DEBORAH S.  
Address 114 FAIRFAX ROAD  
City-State-Zip: BRYN MAWR PA 19010

Title TREASURER  
Name THOMAS, MR. TAYLOR  
Address SOUTH SHORE CAPITAL ADVISORS,  
LLC  
115 RIPLEY ROAD SUITE 1  
City-State-Zip: COHASSET MA 02025

Title TRUSTEE  
Name MOORE, MS. EVELYN M.  
Address 3806 GILLON AVENUE  
City-State-Zip: DALLAS TX 75205

Title TRUSTEE  
Name KELLEY, MR. MICHAEL A.  
Address 1818 DONALD STREET  
City-State-Zip: JACKSONVILLE FL 32205

**Continues on page 2**

*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:** THOMAS , MS. CATHERINE M.

PRESIDENT

01/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TRUSTEE
Name	RUMBOUGH, MR. DOUGLAS M.
Address	8801 LAKESIDE CIRCLE
City-State-Zip:	VERO BEACH FL 32963