

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006101

1. Entity Name
WHITMAN FAMILY FOUNDATION, INC.



Principal Place of Business
9700 COLLINS AVENUE
BAL HARBOUR, FL 33154

Mailing Address
9700 COLLINS AVENUE
BAL HARBOUR, FL 33154



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1659888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE
7TH FLOOR
MIAMI, FL 33133

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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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITMAN, WILLIAM F
STREET ADDRESS	9700 COLLINS AVENUE
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	D
NAME	WHITMAN, STANLEY F
STREET ADDRESS	9700 COLLINS AVENUE
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	D
NAME	WHITMAN, DUDLEY A
STREET ADDRESS	9700 COLLINS AVENUE
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/05-80006-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dudley A Whitman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #