## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008546

Address:

City-St-Zip:

Entity Name: W.F. WHITMAN FAMILY FOUNDATION, INC.

Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8050 S.E. LITTLE HARBOR DR. H-7 HOBE SOUND, FL 33455 **New Mailing Address: Current Mailing Address:** 8050 S.E. LITTLE HARBOR DR. HOBE SOUND, FL 33455 FEI Number: 20-0413209 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOPKO, JAMES 853 S.E. MONTEREY COMMONS BLVD. STUART, FL 34995 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WHITMAN, WILLIAM F JR. Name: Name: 8050 S.E. LITTLE HARBOR DR. Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: Title: VPD (X) Change ( ) Addition ( ) Delete WHITMAN, LAURA B Name: WHITMAN, LAURA B Name: Address: 8050 S.E. LITTLE HARBOR DR. Address: 108 E 82ND STREET, APT 6D City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: NEW YORK, NY 10028 Title: () Delete Title: VPD (X) Change ( ) Addition WHITMAN, WILLIAM F III WHITMAN, WILLIAM F III Name: Name: 530 COLD SPRING ROAD 530 COLD SPRING ROAD Address: Address: City-St-Zip: LAUREL HOLLOW, NY 11791 City-St-Zip: LAUREL HOLLOW, NY 11791 Title: () Delete Title: ( ) Change (X) Addition Name: Name: DANZIGER, THOMAS C C/O DANZIGER & DANZIGER, 405 PARK AVE Address: Address: NEW YORK, NY 10022 City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition WHITMAN, BARBARA K Name: Name: 8050 S.E. LITTLE HARBOR DR.

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.

Address:

City-St-Zip:

HOBO SOUND, FL 33455

SIGNATURE: CHRISTINE C.M. ROSENTHAL ADM 04/30/2007