

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008546

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

8050 S.E. LITTLE HARBOR DR.
H-7
HOBE SOUND, FL 33455

New Principal Place of Business:

C/O FOUNDATION SOURCE
501 SILVERSIDE ROAD, SUITE 123
WILMINGTON, DE 19809

Current Mailing Address:

8050 S.E. LITTLE HARBOR DR.
H-7
HOBE SOUND, FL 33455

New Mailing Address:

C/O FOUNDATION SOURCE
501 SILVERSIDE ROAD, SUITE 123
WILMINGTON, DE 19809

FEI Number: 20-0413209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOPKO, JAMES
853 S.E. MONTEREY COMMONS BLVD.
STUART, FL 34995 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: WHITMAN, WILLIAM F JR.
Address: 8050 S.E. LITTLE HARBOR DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD () Delete
Name: WHITMAN, LAURA B
Address: 108 E 82ND STREET, APT 6D
City-St-Zip: NEW YORK, NY 10028

Title: VPD () Delete
Name: WHITMAN, WILLIAM F III
Address: 530 COLD SPRING ROAD
City-St-Zip: LAUREL HOLLOW, NY 11791

Title: S () Delete
Name: DANZIGER, THOMAS C
Address: C/O DANZIGER & DANZIGER, 405 PARK AVE
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: WHITMAN, BARBARA K
Address: 8050 S.E. LITTLE HARBOR DR.
City-St-Zip: HOBO SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: WHITMAN, WILLIAM F JR.
Address: 8050 S.E. LITTLE HARBOR DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD (X) Change () Addition
Name: WHITMAN, LAURA B
Address: 4 EAST 72ND STREET
City-St-Zip: NEW YORK, NY 10021

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: CHANA SPIELMAN

ADM

04/29/2008

Electronic Signature of Signing Officer or Director

Date