

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N18706	
1. Entity Name LIZ WHITNEY TIPPETT FOUNDATION INC.	



Principal Place of Business 13625 SW 73 CT MIAMI, FL 33158 US	Mailing Address P.O. BOX 561566 MIAMI, FL 33256
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02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0083442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LINDSLEY, JANET 13625 SW 73 CT MIAMI, FL 33158

**DO NOT WRITE
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSLEY, WILLIAM 13625 SW 73 CT MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD LINDSLEY, JANET 13625 SW 73 CT MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, ALAN 13625 SW 73 CT MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRY, BRUCE 13625 SW 73 CT MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSLEY, MARILYN 12600 OLD CUTLER RD MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/05-80070-009 61.25

**DO NOT WRITE
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: Janet Lindsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____