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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22485

(9)

THE WALTER AND ADI BLUM FOUNDATION, INC.

Principal Place	e of Business	Mailir	Mailing Address				- 1 '						
340 ROYAL PAL	M WAY	340 R	340 ROYAL PALM WAY										
SUITE 100			SUITE 100										
PALM BEACH FL 33480-4307			PALM BEACH FL 33480-4347										
US			US					3. Date Incorporated or Qualified 09/15/1987 04/19					
2. Principal Place of Business			2a. Mailing Address				4. FEIN				A	oplied For	
21			26				(65-00088	26		N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certi	5. Certificate of Status Desired Security Securi					
City & State			City & State				6 Flect	tion Campaio	n Financina				
23			28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip Country			Zip Country					8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29	•	30	,			da Statutes			No	. 199.032,	
	9. Name and Addres		ed Agent	1991					eas of New Re				
		· · · · · · · · · · · · · · · · · · ·		8	n	Name							
MUDDLIV PHOPHIC M. 30													
MURPHY, EUGENE, W., JR.					82 Street Address (P.O. Box Number is Not Ad					ole)			
	, reid & Pilotte, P/		<u> </u>										
340 ROYAL PALM WAY, SUITE 100			ļ										
PALM BEACH FL 33480						City					85 Zip	Code	
						•				FL	,		
11. Pursuant t	o the provisions of Section	ons 617.0502 and 617.	1508, Florida Statut	tes, the abo	VO-I	named co	orporation sub	mits this stat	ement for the p	ourpose of	changing i	ts registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
•	The state of the s	print obligations of c	0000,10	onsa olaloi									
SIGNATURE _	Signature, typed or printed name of	of registered agent and title if a	policable (NO	E: Registered A	Spent	signature rec	quired when reinsta	tinoì		DATE			
12.	· · · · · · · · · · · · · · · · · · ·	FICERS AND DIRECTO		13.	•		<u> </u>		IGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE				1.1 11114	Ē						X Change	Addition	
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STREET ADDRESS													
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NAME					2.2 NAME								
STREET ADDRESS	5767 PARK WALK CIR. W.				2.3 STREET ADDRESS								
CITY-ST-ZIP	BOYNTON BEACH	FL		2. 4 CITY	r-ST-	- ZiP							
TITLE	D		☐ DELETE	3.1 TITLE	E						Change	☐ Addition	
NAME	MURPHY, EUGENE	W., JR.		3.2 NAM	E								
STREET ADDRESS	340 ROYAL PALM WAY, SUITE 100				3.3 STREET ADDRESS								
CITY-ST-ZIP	PALM BEACH FL	•		3.4. CITY	r-ST-	. 71P							
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ŀ					4.3 STREET ADDRESS 4.4 City-St-Zip								
CITY-ST-ZIP TITLE			DELETE	4.4 CITY 5.1 TITLE	_	· LIY		<u>-</u>			L Change	Addition	
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NAME				5.2 NAM				•					
STREET ADDRESS				5.3 STRE					•				
CITY-ST-ZIP		***************************************	TT 55	5.4 CITY		ZIP				~- ····			
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STREET ADDRESS				6.3 STRE	EET AI	DDRESS							
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14. I do heret	y certify that the informa	ition supplied with this	filing does not qual	ify for the e	xem	notion stat	ted in Section	119.07(3)(i).	Florida Statute	s. I furthe	r certify that	the	
intormatio Lam an of	ri indicated on this annua ficer or director of the co	ai report or supplement orporation or the receiv	iai annuai report is i er or trustee empox	true and ac	ecur	ate and th te this rer	nat my signatu port as require	ire shall have id by Chapte	r the same lega r 617. Florida s	ai effect as Statutes: A	s if made un and that my	der 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 12 or Block 13 if changed, or opport attachment with an address.													
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SIGNAT		AND TYPED OR PRINTED NA	HE OF SIGNIFICATION	WINDUSE.	: 41.5	₽ W• /	Murphy,		<u> </u>	•	•		
	SIGNATURE	AND ITPED ON PHINTED NA	me or aluming OFFICE	ON DIRECTO	H				ate	D	aytime Phone #	0039483	