## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 01, 1999 8:00 am § Secretary of State 03-01-1999 90096 015 \*\*\*\*61.25

1. Corporation	MEN   # <b>N22485</b>	ı						
THE WA	LTER AND ADI BLUM FOUN	IDATION, INC.			_			
Principal Place of Business Mailing Address								
340 ROYAL PA		340 ROYAL PALM WAY	OYAL PALM WAY			I CARACTORIA REPORTE SERVE PERMET ANNA COSTA CURRENTAL	NA BARN BARN BU	HI <b>a</b> n <b>a</b> h i <b>sa</b> h
SUITE 100 SUITE 100								
PALM BEACH	FL 33480-4307	PALM BEACH FL 33480-4307					111 B1011 B1811 011	III EIBII 1881
US		US						
2 Dringing D	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed	-	
rimoparr	aco or business	26				09/15/1987		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number	Ap	plied For
12		27				65-0008826	No	t Applicable
City & Stat	e	City & State				5. Certificate of Status Desired	\$8.75	
23		28				o. Certificate of Cutton Desired	Fee Re	quired
Zip	Country	Zip	_ Countr	у		6. Election Campaign Financing	\$5.00	- 1
24	25	29 3	0			Trust Fund Contribution	Added t	o Fees
	9. Name and Address of Current	Registered Agent	84	Name		10. Name and Address of New Registered	Agent	
			Ľ	, valie				
•	EUGENE, W., JR.		82	Street .	Addre	ss (P.O. Box Number is Not Acceptable)		-
	REID & PILOTTE, PA		83					
	L PALM WAY, SUITE 100					·		
PALM BEA	ACH FL 33480		84	City		FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	, the abov	/e-named	corpo	ration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida, Such change was auti	יס nonzed ייס	/ the coro	oration	's board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE	m summer man, and accept the obligation					,		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R		ent signature r	equired	when reinstating) DATE	IO DIDEOTO	DO 1140
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A	X Change	Addition
TITLE	_			1.1 TITLE D		aw, Norman	⊠ Citalige	☐ Vagayanı
NAME	SHAW, NORMAN		1.2 NAME		ī.	aw, Norman Canfield Way		ļ
STREET ADDRESS	7 DELWICK LANE					nvent Station, NJ 07960		
CITY-ST-ZIP				1.4 CITY-ST-ZIP CO		iivent station, no 07900	Change	Addition
TITLE	U			2.2 NAME				
NAME	ELLISON, SANDRA L.		2.3 STREET ADDRESS					
STREET ADDRESS	5767 PARK WALK CIR. W. BOYNTON BEACH FL					•	_	
TITLE	D DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE		<del>                                     </del>		☐ Change	Addition
NAME	MURPHY, EUGENE W., JR.		3.2 NAME			ياميونس ينزينه	-	
STREET ADDRESS		100		ET ADDRESS	1			
CITY-ST-ZIP	PALM BEACH FL		3.4. CITY-ST-ZIP					
TITLE	THE PERIOD OF TH	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREI	ET ADORESS				
CITY-ST-ZIP			4,4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				ET ADORESS				]
CITY-ST-ZIP				5.4 CITY-ST-ZIP				
TITLE		☐ DELETÉ	6.1 TITLE				Change	Addition
NAME			6.2 NAME				*	ĺ
STREET ADDRESS				ET ADORESS				ļ
CITY-ST-ZIP			6.4 CITY-		1 - 6	action 440 07/2)(i) Florida Statutos I further of	rtific that the i	nformation

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 informatic indicated on this annual report or supplemental annual 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 12 or Block 13 if chapter 61, or on an attachment with an address, with all other like empowered.