


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N22485
 1. Entity Name
THE WALTER AND ADI BLUM FOUNDATION, INC.



Principal Place of Business Mailing Address
340 ROYAL PALM WAY **340 ROYAL PALM WAY**
SUITE 100 **SUITE 100**
PALM BEACH, FL 33480-4307 US **PALM BEACH, FL 33480-4307 US**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0008826	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
MURPHY, EUGENE W JR
340 ROYAL PALM WAY
SUITE 100
PALM BEACH, FL 33480

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000077756
 03/05/04-80058-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, NORMAN 5 CANFIELD WAY CONVENT STATION, NJ 07960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBILL, SANDRA E 2037 SONORO COURT VISTA, CA 92083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, EUGENE W., JR. 340 ROYAL PALM WAY, SUITE 100 PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Eugene W. Murphy* **2-13-04** **(561) 655-4060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR * Date Daytime Phone #