

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N22485

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



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

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



01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0008826

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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
453 BB SAMS DR
SAINT HELENA ISLAND, SC 29920**

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

U00000604017
01/29/07-80036-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07
Date

(561) 655-4060
Daytime Phone #