

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22485

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** THE WALTER AND ADI BLUM FOUNDATION, INC.

**Current Principal Place of Business:**

340 ROYAL PALM WAY  
SUITE 100  
PALM BEACH, FL 334804307 US

**New Principal Place of Business:**

101 WOODSMUIR CT.  
PALM BEACH GARDENS, FL 33418 US

**Current Mailing Address:**

340 ROYAL PALM WAY  
SUITE 100  
PALM BEACH, FL 334804307 US

**New Mailing Address:**

101 WOODSMUIR CT.  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 65-0008826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, EUGENE W JR  
340 ROYAL PALM WAY  
SUITE 100  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

MURPHY, EUGENE W JR  
101 WOODSMUIR CT.  
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE:

03/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHAW, NORMAN  
Address: 5 CANFIELD WAY  
City-St-Zip: CONVENT STATION, NJ 07960

Title: D ( ) Delete  
Name: GAMBILL, SANDRA E  
Address: 453 BB SAMS DR  
City-St-Zip: SAINT HELENA ISLAND, SC 29920

Title: D ( ) Delete  
Name: MURPHY, EUGENE W., JR.  
Address: 340 ROYAL PALM WAY, SUITE 100  
City-St-Zip: PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GAMBILL, SANDRA E  
Address: 234 WOODSMUIR CT.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D (X) Change ( ) Addition  
Name: MURPHY, EUGENE W., JR.  
Address: 101 WOODSMUIR CT.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE W. MURPHY (BY: MIREILLE FARIS)

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date