

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39376**

1. Entity Name  
**THE ALICE BUSCH GRONEWALDT FOUNDATION, INC.**



Principal Place of Business  
**C/O CALDWELL & PACETTI  
324 ROYAL PALM WAY, SUITE 300  
PALM BEACH, FL 33480**

Mailing Address  
**C/O CALDWELL & PACETTI  
324 ROYAL PALM WAY, SUITE 300  
PALM BEACH, FL 33480**



01192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0212289**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CALDWELL, MANLEY P., JR.  
ROYAL PARK BUILDING, SUITE 300  
324 ROYAL PALM WAY  
PALM BEACH, FL 33480**

**DO NOT WRITE  
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 THOMAS, MARY HAGER 535 S COUNTY RD PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGER, LOUIS BUSCH, JR. P O BOX 151 NA COOPERSTOWN, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLBROOK, ALICE H 12 MEAD POINT DR GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGAN, ANDREW W. 599 LEXINGTON AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/07-80070-001 61.25

**DO NOT WRITE  
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:**

*Andrew W. Regan* Andrew W. Regan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director

Date

Daytime Phone #

(212)848-8793