

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90021 013 ****61.25

DOCUMENT # N93000003235

1. Entity Name
THE PEARL BARLOW FOUNDATION, INC.



Principal Place of Business
**340 ROYAL PALM WAY
STE 100
PALM BEACH, FL 33480 US**

Mailing Address
**340 ROYAL PALM WAY
STE 100
PALM BEACH, FL 33480 US**

40010000



DO NOT WRITE IN THIS SPACE

03202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0428322

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EUGENE, MURPHY W JR
MURPHY, REID, PILOTTE, ORD & AUSTIN
100 ROYAL PALM WAY STE 100
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 | D |
| NAME | AMELAR, RICHARD D |
| STREET ADDRESS | 526 BULL MILL RD |
| CITY-ST-ZIP | CHESTER, NY 109184706 |
| TITLE | D |
| NAME | BRODERICK, JAMES |
| STREET ADDRESS | 251 ROYAL PALM WAY, SUITE 300 |
| CITY-ST-ZIP | PALM BEACH, FL 33480 |
| TITLE | D |
| NAME | MURPHY, EUGENE W JR |
| STREET ADDRESS | 340 ROYAL PALM WAY, SUITE 100 |
| CITY-ST-ZIP | PALM BEACH, FL 33480 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07

Date

845-783-1741

Daytime Phone #