2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600006554

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FILED Jan 27, 2003 8:00 am & Secretary of State

THE LIPS		CHARITABLE FO	UNDATI	ON, INC.				01-27-2003 9013:	9 029 ****6	1.25	
Principal Place of Business * DOROTHY LIPSON 3899 LIVE OAK BLVD DELRAY BEACH FL 33445 2. Principal Place of Business			Mailing Address % DOROTHY LIPSON 3899 LIVE OAK BLVD DELRAY BEACH FL 33445 3. Mailing Address								
											Suite, Apt. #, etc.
City & State			City & State			4. FEI Number 91-1822980 Applied Foi Not Applied			Applied For Not Applicable]	
Zip		Country	Zip		Cou	untry	5. Certificate of S	Status Desired	\$8.75 A Fee Requi]
	6. Name a	nd Address of Current	Registere	d Agent			7. Name and Add	dress of New Registe	ered Agent		7
			حجت		وترين مرسف	Name					-}-
LIPSON,	Dorothy E oak blvd					Street Address	(P.O. Box Number is	Not Acceptable)			1
1	BEACH FL 3	3445				-					1
			,			City			FL Zip Co	ode	1
8. The above	e named entity s	submits this statement fo	or the purpo	se of changing its	registere	ed office or regist	ered agent, or both, in	the State of Florida.	I am familiar witi	n, and accept	1
the obliga	itions of register	red agent.									
SIGNATURE		printed name of registered agent	and title if appli	cable. (NOTE	E: Registere	d Agent signature requir	red when reinstating)		DATE		
J											1
								т — —			4
	FILE NOW:	FEE IS \$61.25		9: Election Can Trust Fund C			\$5.00 May Be Added to Fees		heck Payablepartment of		
10.		FEE IS \$61.25	RECTORS				Added to Fees		partment of	State	
10.	D	OFFICERS AND DI	RECTORS		11.	ion.	Added to Fees	Florida De	partment of	State	(60/6
10. TITLE NAME	D LIPSON, DO	OFFICERS AND DI	RECTORS	Trust Fund C	11. TITLE	E E	Added to Fees	Florida De	epartment of	State IN 10	(10/03)
10.	D LIPSON, DO 3899 LIVE O	OFFICERS AND DII DROTHY DAK BLVD	RECTORS	Trust Fund C	11. TITLE NAMI	ion.	Added to Fees	Florida De	epartment of	State IN 10	
10. TITLE NAME STREET ADDRESS	D LIPSON, DO 3899 LIVE O	OFFICERS AND DI	RECTORS	Trust Fund C	11. TITLE NAMI	E E E ET ADDRESS -ST-ZIP	Added to Fees	Florida De	epartment of	State IN 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSON, DO 3899 LIVE O DELRAY BE D LIPSON-PLA	OFFICERS AND DI OROTHY DAK BLVD ACH FL 33445 IFKER, ROBERTA	RECTORS	Trust Fund C	11. TITLE NAMI STRE	E E E ET ADDRESS -ST-ZIP	Added to Fees	Florida De	epartment of	State IN 10 Addition	
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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 by 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: