SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # NOTOOOOGOG1 (8)

Jul 30 1998 8:00am

1. Corporation Name									
THE BALDWIN FAMILY FOUNDATION, INC.									
Size minerality ilustral i maiteritique Ille.									
-	inalpal Dias	o of Business			iline Address				
Principal Place of Business Mailing Address					siing Address	:			
312 KEY PALM ROAD					312 KEY PALM ROAD			ſ	3. Date Incorporated or Qualified
BOGA RATON FL 18432				BC	BOCA RATON FL 33432				11/05/1997
								4. FEI Number Applied For	
	Principal Place of Business 2a. Malling Address								65-0793073 Not Applicable
21			├ -¬	26				5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22							_	Trust Fund Contribution Added to Fees	
1	City & State City & State			City & State				7. Is this nonprofit corporation a homeowners association?	
23	Zip	28			Count			Yes Mo	
24	ΣIÞ		25			30	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Cu					J		10. Name and Address of New Registered Agent		
						81	Name		
1	ASARCH, STEVEN J				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)	
7777 GLADES ROAD								-, (00.00	
SUITE 200					83				
6	BOCA RATON FL 33434				84	City		85 Zip Code	
44	44 Durant to the provisions of socilors 647 0500 and 647 4500 Floride Statutes the she						amod co	roordia	FL 55
 Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named co office or registered agent, or both, in the State of Florida. Such change was authorized by the corpo 								ration's	s board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statu						IOA STATUTOS			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.						TE: Registered	gent signatu	tre required	d when reinsteling) DATE
12.				CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITL		DEI		DELETE	1.1 TITLE		Pre	esident and Director I change Addition	
NAME OTDEST ADDRESS					1.2 NAME		1816	eanor R. Baldwin	
STREET ADDRESS CITY-ST-ZIP					1.3 STREET ADDRESS 318		L Key Palm Rd.		
TITL				DELETE				re-Aesident and Director Change Addition	
NAA		C DECEIE		2.2 NAME		VAIC	let R. Baldwin		
STREET ADDRESS					2.3 STREE	2.3 STREET ADDRESS 3.7		Key Palm Ru	
CITY-ST-ZIP			_				2.4 CITY-ST-ZIP		OCA RATON FUN 33432
TITLE				DELETE 3.1			Tire	easurer and Director Change MAddition	
NAA	NAME				3.2 NAME		Wa	Her F. Adaus III.	
STR	EET ADDRESS					3.3 STREE	T ADDRESS	399	CA RATON, FLA 53482
	CITYSTZIP				3.4 CITY-5	T-ZIP	100	CA PAION FLA 5348 Z	
	NAME			DELETE	4.1 TITLE	4.1 litte Se		cretary and Dreetor Change Addition	
	EET ADDRESS					4.2 NAME		Ste	17 Glades Rd. Suite 200,
1							4.3 STREET ADDRESS		OCA Polon FL 33 434
CITY-ST-ZIP			DELETE			130 L			
NAN					E DECE15	5.2 NAME			L Change Addition
	EET ADDRESS						T ADDRESS		
cin	(-ST-ZIP					5.4 CITY-S	T-ZIP		
TITL	E	DELETE		6.1 TITLE			Change Addition		
NAM	I I			8.2 NAME			_		
STR	EET ADORESS					6.3 STREE	T ADDRESS	}	
CITY	r-ST-ZIP					6.4 CITY-S		<u> </u>	on 119 07/3VI) Florida Statutes I further certify that the information

I nerely 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: