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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700006261

THE BALDWIN FAMILY FOUNDATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

312 KEY PALM ROAD **BOCA RATON FL 33432** 312 KEY PALM ROAD **BOCA RATON FL 33432**

2a. Mailing Address

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90035 002 ****61.25



3. Date Incorporated or Qualifed

	N.W. Bock Raton Blud 28 399 N.W. Bock Raton Blud.			11/05/1997				
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u> </u>	4. FEI Number		App	lied For
	BOCA Raton FLORIDA 27 BOCA Raton, F			01)	65-0793073	•	Not	Applicable
City & State City & State					5 Cadifords of Status Desired		\$8.75 A	
3 33432 28 33432					5. Certificate of Status Desired	<u> </u>	Fee Rec	uíred
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 (May Be
24	25	29 30			Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	egistered /	Agent	
			81	Name	•			
ASARCH, STEVEN J				82 Street Address (P.O. Box Number is Not Acceptable)				
7777 GLADES ROAD								
SUITE 200							: •	
BOCA RATON FL 33434				City			85 Zip C	ode
				,		FL		
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State o	and 617,1508, Florida Statutes	, the above	-named corporation	pration submits this statement for the	purpose of out the appoin	changing its requirement	egistered istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	la Statutes		,	+ - Per		
SIGNATURE						DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registr				ent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				RS IN 12
12.		DELETE	13.				☐ Change	Addition
TITLE	PD	C) OCTUR	1.2 NAME					_
NAME	BALDWIN, ELEANOR R.			T ADDRESS				
STREET ADDRESS	312 KEY PALM RD		1.3 STREET	1				-
CITY-ST-ZIP	BOCA RATON FL 33432	□ DELETE	1.4 CITY-ST	1- ZIP			[] Change	☐ Addition
TITLE	VPD	∟ DELETE	2.1 TITLE		•			
NAME	BALDWIN, VIOLET R.		2.2 NAME					
STREET ADDRESS	312 KEY PALM RD		2.3 STREET				•	
CITY-ST-ZIP	BOCA RATON FL 33432	—————————————————————————————————————	2.4 CITY-S				Change	☐ Addition
TITLE	TD	☐ DELETE	3.1 TITLE	5 T	ID .		F-4 cuanAc	
NAME	ADAMS, III W		3.2 NAME	1				
STREET ADDRESS	399 NW 2ND AVE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432		3.4, CITY-S	T-ZIP			[]Chanca	Addition
TITLE	SD	□ DELETE	4.1 TITLE				Change	
NAME	ASARCH, STEVEN J.		4. 2 NAME					
STREET ADDRESS	7777 GLADES RD STE 200		4.3 STREET	FADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33434		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE		-		Change .	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	TADORESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ OELETE	6.1 TITLE	1	<i>t.</i>	•	Change	✓ Addition
NAME	}		6.2 NAME					
STREET ADDRESS			6.3 STREET	T ADDRESS				
CITY-ST-ZIP			6.4 CITY- S	T-ZIP	<u> </u>	<u> </u>		

14. 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 annual report or supplemental 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, with all other like empowered.

SIGNATURE: