

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006261

1. Entity Name
THE BALDWIN FAMILY FOUNDATION, INC.



Principal Place of Business
**399 NW BOCA RATON BLVD
BOCA RATON, FL 33432**

Mailing Address
**399 NW BOCA RATON BLVD
BOCA RATON, FL 33432**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0793073

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, WALTER F III
399 NW BOCA RATON BLVD
BOCA RATON, FL 33432**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BALDWIN, ELEANOR R
STREET ADDRESS 399 NW BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE VPD
NAME HILTON, GEORGE N
STREET ADDRESS 399 NW BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE STD
NAME ADAMS, WALTER F III
STREET ADDRESS 399 NW BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE
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000000178287
01/12/05-80021-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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: Walter F Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER F. ADAMS III

Date

1/4/2005 561-392-7929

Daytime Phone #