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APPROVED
AND
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34477** **(0)**

1. Corporation Name

SHIRLEY WALDBAUM WITKIN FOUNDATION, INC.

Principal Place of Business	Mailing Address
% JOAN SIERCHIO 16 GLENOLA AVENUE SEA CLIFF NY 11579	% JOAN SIERCHIO 16 GLENOLA AVENUE SEA CLIFF NY 11579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/21/1991**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **22-3082447** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

WITKIN, SHIRLEY
3062 EASTLAND BLVD., APT. 304D
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail-in filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	WITKIN, SHIRLEY	12 NAME	
STREET ADDRESS	3062 EASTLAND BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	SIERCHIO, JOAN	22 NAME	
STREET ADDRESS	16 GLENOLA AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	SEA CLIFF NY	24 CITY-ST-ZIP	
TITLE	VAS	31 TITLE	☐ Change ☐ Addition
NAME	LOEB, SUSAN	32 NAME	
STREET ADDRESS	7 GLENOLA AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	SEA CLIFF NY	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LOEB, SUSAN	42 NAME	
STREET ADDRESS	7 GLENOLA AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	SEA CLIFF NY	44 CITY-ST-ZIP	
TITLE	VAT	51 TITLE	☐ Change ☐ Addition
NAME	WOOD, BARBARA	52 NAME	
STREET ADDRESS	1722 N. ROXBORO RD.	53 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WOOD, BARBARA	62 NAME	
STREET ADDRESS	1722 N. ROXBORO RD.	63 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Shirley Waldbaum Witkin 5/1/94 213 791 6409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SHIRLEY WALDBAUM WITKIN

007340B