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FILED

Apr 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 11579-21123. Date Incorporated or Qualified
06/21/19913a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

22-3082447

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME WITKIN, SHIRLEY
STREET ADDRESS 3062 EASTLAND BLVD.
CITY-ST-ZIP CLEARWATER FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VSD ☐ DELETE
NAME SIERCHIO, JOAN
STREET ADDRESS 16 GLENOLA AVENUE
CITY-ST-ZIP SEA CLIFF NY2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VAS ☐ DELETE
NAME LOEB, SUSAN
STREET ADDRESS 7 GLENOLA AVENUE
CITY-ST-ZIP SEA CLIFF NY3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 94 Blueberry Drive
3.4 CITY-ST-ZIP Woodcliff Lake, NJ 07675TITLE D ☐ DELETE
NAME LOEB, SUSAN
STREET ADDRESS 7 GLENOLA AVENUE
CITY-ST-ZIP SEA CLIFF NY4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 94 Blueberry Drive
4.4 CITY-ST-ZIP Woodcliff Lake, NJ 07675TITLE VAT ☐ DELETE
NAME WOOD, BARBARA
STREET ADDRESS 1722 N. ROXBORO RD.
CITY-ST-ZIP DURHAM NC5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 260 Glandon Drive
5.4 CITY-ST-ZIP Chapel Hill, NC 27514TITLE D ☐ DELETE
NAME WOOD, BARBARA
STREET ADDRESS 1722 N. ROXBORO RD.
CITY-ST-ZIP DURHAM NC6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 260 Glandon Drive
6.4 CITY-ST-ZIP Chapel Hill, NC 27514

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075152

CR2E037 (9/96)