

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 34477			
1. Corporation Name SHIRLEY WALDBAUM WITKIN FOUNDATION, INC.			
Principal Place of Business C/O JOAN SIERCHIO 16 GLENOLA AVE. SEA CLIFF, NY 11579		Mailing Address C/O JOAN SIERCHIO 16 GLENOLA AVE. SEA CLIFF, NY 11579	
2. Principal Place of Business 21		3a. Date of Last Report 05/01/1997	
2a. Mailing Address 26		3. Date Incorporated or Qualified 06/21/1991	
Suite, Apt. #, etc. 22		4. FEI Number 22-3082447	
City & State 23		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		7. This Corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Name and Address of Current Registered Agent WITKIN, SHIRLEY 3062 EASTLAND BLVD., APT. 304D CLEARWATER, FL 34621		9. 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 817.0502 and 817.1508, 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 817.0503, Florida Statutes. SIGNATURE 5/11/98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <input type="checkbox"/> DELETE WITKIN, SHIRLEY 3062 EASTLAND BLVD. CLEARWATER, FL 34621	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <input type="checkbox"/> DELETE SIERCHIO, JOAN 16 GLENOLA AVENUE SEA CLIFF, NY	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS <input type="checkbox"/> DELETE LOEB, SUSAN 94 BLUEBERRY DRIVE WOODCLIFF LAKE, NJ 07675	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE LOEB, SUSAN 94 BLUEBERRY DRIVE WOODCLIFF LAKE, NJ 07675	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAT <input type="checkbox"/> DELETE WOOD, BARBARA 260 GLANDON DRIVE CHAPEL HILL, NC 27514	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE WOOD, BARBARA 260 GLANDON DRIVE CHAPEL HILL, NC 27514	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-size: 1.2em;"> 40000025009614 06/22/98-01003-114 ***\$1.25 </div>
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: Susan Loeb		6/13/98 (800) 476-0601	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	