

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-04-1999 90157 010 ****61.25

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DOCUMENT # P34477

1. Corporation Name

SHIRLEY WALDBAUM WITKIN FOUNDATION, INC.

Principal Place of Business

% JOAN SIERCHIO
16 GLENOLA AVENUE
SEA CLIFF NY 11579

Mailing Address

% JOAN SIERCHIO
16 GLENOLA AVENUE
SEA CLIFF NY 11579



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/21/1991

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

9. Name and Address of Current Registered Agent

WITKIN, SHIRLEY

~~3062 EASTLAND BLVD., APT. 304D~~
~~CLEARWATER FL 34621~~

2519 McMullen Booth Rd
Suite 510-135
Clearwater, FL 33761-4173

81 Name

Street Address (P.O. Box Number is Not Acceptable)

83

City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE PTD ☐ DELETE

NAME WITKIN, SHIRLEY
STREET ADDRESS 3062 EASTLAND BLVD.
CITY-ST-ZIP CLEARWATER FL 34621

TITLE VSD ☐ DELETE

NAME SIERCHIO, JOAN
STREET ADDRESS 16 GLENOLA AVENUE
CITY-ST-ZIP SEA CLIFF NY 11579

TITLE VAS ☐ DELETE

NAME LOEB, SUSAN
STREET ADDRESS 94 BLUEBERRY DRIVE
CITY-ST-ZIP WOODCLIFF LAKE NJ 07675

TITLE D ☐ DELETE

NAME LOEB, SUSAN
STREET ADDRESS 94 BLUEBERRY DRIVE
CITY-ST-ZIP WOODCLIFF LAKE NJ 07675

TITLE VAT ☐ DELETE

NAME WOOD, BARBARA
STREET ADDRESS 260 GLANDON DRIVE
CITY-ST-ZIP CHAPEL HILL NC 27514

TITLE D ☐ DELETE

NAME WOOD, BARBARA
STREET ADDRESS 260 GLANDON DRIVE
CITY-ST-ZIP CHAPEL HILL NC 27514

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2519 McMullen Booth Rd Suite 510-135
1.4 CITY-ST-ZIP Clearwater, FL 33761-4173

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 1013 Marilee Glen Court
5.4 CITY-ST-ZIP Durham, NC 27705

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS 1013 Marilee Glen Court
6.4 CITY-ST-ZIP Durham, NC 27705

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:

Shirley Witkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (201) 476-0601
Date Daytime Phone #

CR2E037 (11/98)