

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008546

**Entity Name:** W.F. WHITMAN FAMILY FOUNDATION, INC.**Current Principal Place of Business:**C/O FOUNDATION SOURCE  
501 SILVERSIDE ROAD, SUITE 123  
WILMINGTON, DE 19809**Current Mailing Address:**C/O FOUNDATION SOURCE  
501 SILVERSIDE ROAD, SUITE 123  
WILMINGTON, DE 19809**FEI Number:** 20-0413209**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOPKO, JAMES  
2300 SE MONTEREY ROAD  
SUITE 100  
STUART, FL 34996 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title PTD  
Name WHITMAN, WILLIAM FJR.  
Address 8050 S.E. LITTLE HARBOR DR.  
City-State-Zip: HOBE SOUND FL 33455Title VPD  
Name WHITMAN, WILLIAM FIII  
Address 530 COLD SPRING ROAD  
City-State-Zip: LAUREL HOLLOW NY 11791Title D  
Name WHITMAN, BARBARA K  
Address 8050 S.E. LITTLE HARBOR DR.  
City-State-Zip: HOBO SOUND FL 33455Title VPD  
Name WHITMAN, LAURA B  
Address 4 EAST 72ND STREET  
City-State-Zip: NEW YORK NY 10021Title S  
Name DANZIGER, THOMAS C  
Address C/O DANZIGER & DANZIGER, 405  
PARK AVE  
City-State-Zip: NEW YORK NY 10022

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM F WHITMAN

PRESIDENT

03/03/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date