

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 710469	
1. Entity Name RICHARD F. WOLFSON FAMILY FOUNDATION, INC	
Principal Place of Business 630 UNIVERSITY DR. CORAL GABLES, FL 33134	Mailing Address 630 UNIVERSITY DRIVE CORAL GABLES, FL 33134 US



DO NOT WRITE IN THIS SPACE

07092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6176043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC.
 2 SOUTH BISCAYNE BLVD.
 SUITE 3400
 MIAMI, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

U00000171990
 09/09/04-80005-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFSON, ELAINE 630 UNIVERSITY DR. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, PAUL 1509 CHURCH ST WASHINGTON, DC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, LISA WOLFSON 570 PARK AVE. NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 of changed, or on an attachment with an address with other like empowered

SIGNATURE: *Gene Wolfson* Date: *9 2 04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR