

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 Mailing Address
 630 UNIVERSITY DR. 630 UNIVERSITY DRIVE
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US



DO NOT WRITE IN THIS SPACE

07092004 No Chg-NP CR2E037 (10/03)
 4. FEI Number Applied For
 59-6176043 Not Applicable
 5. Certificate of Status Desired \$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE _____

Filing Fee is \$61.25 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 | PD |
| NAME | WOLFSON, ELAINE |
| STREET ADDRESS | 630 UNIVERSITY DR. |
| CITY-ST-ZIP | CORAL GABLES, FL |
| TITLE | D |
| NAME | WOLFSON, PAUL |
| STREET ADDRESS | 1509 CHURCH ST |
| CITY-ST-ZIP | WASHINGTON, DC |
| TITLE | D |
| NAME | HESS, LISA WOLFSON |
| STREET ADDRESS | 570 PARK AVE. |
| CITY-ST-ZIP | NEW YORK, NY |
| 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 R Wolfson* 9 2 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date On the Page 2