


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 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



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-6176043 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 GY 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2007

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

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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 04/27/07-80022-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine R. Wolfson 4/16/07 305 244-2231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #