

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90149 026 ****61.25

DOCUMENT # 713400 1. Entity Name LYNN AND LOUIS WOLFSON II, FAMILY FOUNDATION, INC.					
Principal Place of Business 1110 BRICKELL AVE., SUITE 202 MIAMI, FL 33131				Mailing Address 1110 BRICKELL AVE., SUITE 202 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6196403	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AUERBACH, HAROLD 1 S.E. 3RD AVENUE SUITE 1280 MIAMI, FL 33131				Name Auerbach, Harold Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Ave # 202 City Miami FL Zip Code 33131	
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 <u>Harold Auerbach</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2005		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WOLFSON, LYNN 1 S.E. 3RD AVE., #1280 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Wolfson, Lynn 1110 Brickell Ave # 202 Miami FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WOLFSON, LOUIS III 1 S.E. 3RD AVE., #1280 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Wolfson, Louis III 1110 Brickell Ave # 202 Miami FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WOLFSON FADEL, LYNDA 1 S.E. 3RD AVE., #1280 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Wolfson Fadel, Lynda 1110 Brickell Ave # 202 Miami FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT AUERBACH, HAROLD 1 S.E. 3RD AVE., #1280 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT Auerbach, Harold 1110 Brickell Ave # 202 Miami FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAPRARO, FRANZ 1 S.E. 3RD AVE., #1280 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Capraro, Franz 1110 Brickell Ave # 202 Miami FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAATTAMA, HENRY H FR 1 SE 3 AVE 28TH FLOOR MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 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: <u>Harold Auerbach</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>305-377-8714</u> Daytime Phone #					