


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90382 046 ****61.25

DOCUMENT # 762951	
1. Entity Name THE LOUIS E. AND PATRICE J. WOLFSON FOUNDATION, INC.	

Principal Place of Business L.E. & P.J. WOLFSON FDN., INC. C/O PAT WOLFSON, 10205 COLLINS AVE # 509 BAL HARBOUR, FL 33154	Mailing Address L.E. & P.J. WOLFSON FDN., INC. C/O PAT WOLFSON, 10205 COLLINS AVE # 509 BAL HARBOUR, FL 33154
--	--



04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2190031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, DONALD S
 ONE S. E. THIRD AVE.
 STE 3050
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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, LOUIS E. 10205 COLLINS AVE #509 BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WOLFSON, PATRICE J. 10205 COLLINS AVE #509 BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TOMBERLIN, M.C. 3235 FRONT ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: M. C. Tomberlin, Secretary **4/26/06** **904-358-9062**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #