


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90047 041 ****61.25

DOCUMENT # N96000006575
 1. Entity Name
BARRY WISH FAMILY FOUNDATION, INC.



Principal Place of Business
**C/O BARRY N. WISH
 4 OCEAN LA
 MANALAPAN, FL 33462**

Mailing Address
**C/O BARRY N. WISH
 4 OCEAN LA
 MANALAPAN, FL 33462**

40005547

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0720792

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERRY, DAVID L INTRASTATE REGISTERED AGENT CORPORTION 701 BRICKELL AVE., SUITE 300 MIAMI, FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISH, BARRY N			NAME			
STREET ADDRESS	4 OCEAN LA			STREET ADDRESS			
CITY-ST-ZIP	MANALAPAN, FL 33462			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISH, JONATHAN ADESS			NAME			
STREET ADDRESS	4 OCEAN LA			STREET ADDRESS			
CITY-ST-ZIP	MANALAPAN, FL 33462			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVERSTEIN, STACEY ADESS			NAME			
STREET ADDRESS	4 OCEAN LA			STREET ADDRESS			
CITY-ST-ZIP	MANALAPAN, FL 33462			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISH, LINDSEY			NAME	MORGAN, LINDSEY		
STREET ADDRESS	4 OCEAN LA			STREET ADDRESS			
CITY-ST-ZIP	MANALAPAN, FL 33462			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISH, OBLIO			NAME			
STREET ADDRESS	4 OCEAN LA			STREET ADDRESS			
CITY-ST-ZIP	MANALAPAN, FL 33462			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: BARRY N. WISH 1/21/08 361-655-1586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #