

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006575

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: BARRY WISH FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

4 OCEAN LA  
MANALAPAN, FL 33462

FEI Number: 65-0720792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERRY, DAVID L  
INTRASTATE REGISTERED AGENT CORPORTION  
701 BRICKELL AVE., SUITE 300  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WISH, BARRY N  
Address: 4 OCEAN LA  
City-St-Zip: MANALAPAN, FL 33462

Title: DS ( ) Delete  
Name: WISH, JONATHAN ADESS  
Address: 4 OCEAN LA  
City-St-Zip: MANALAPAN, FL 33462

Title: DT ( ) Delete  
Name: SILVERSTEIN, STACEY ADESS  
Address: 4 OCEAN LA  
City-St-Zip: MANALAPAN, FL 33462

Title: DVP ( ) Delete  
Name: WISH, LINDSEY  
Address: 4 OCEAN LA  
City-St-Zip: MANALAPAN, FL 33462

Title: DVP ( ) Delete  
Name: WISH, OBLIO  
Address: 4 OCEAN LA  
City-St-Zip: MANALAPAN, FL 33462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY N WISH

DP

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date