

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# N99000002838

Entity Name: CLARENCE WOLF JR. AND ALMA B. WOLF FOUNDATION, INC.

Current Principal Place of Business:

169 E GLAGLER ST STE 800
MIAMI, FL 331311296

New Principal Place of Business:

169 E FLAGLER ST STE 800
MIAMI, FL 331311296 US

Current Mailing Address:

169 E GLAGLER ST STE 800
MIAMI, FL 331311296

New Mailing Address:

169 E FLAGLER ST STE 800
MIAMI, FL 331311296 US

FEI Number: 65-0920365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KWAL, RICHARD M
169 E FLAGLER ST STE 800
MIAMI, FL 331311296 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: D () Delete
Name: KWAL, RICHARD M
Address: 169 E FLAGLER ST STE 800
City-St-Zip: MIAMI, FL 331311296

Title: D () Delete
Name: RUBIN, GAIL DR.
Address: 169 E FLAGLER ST STE 800
City-St-Zip: MIAMI, FL 331311296

Title: D () Delete
Name: HAGEN, STEVEN H
Address: 701 BRICKELL AVE STE. 1400
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: KWAL, RACHEL A
Address: 169 E FLAGLER ST STE 800
City-St-Zip: MIAMI, FL 331311296

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:

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: RICHARD M KWAL

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date