


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003461

1. Entity Name
JESSIE AND BERNARD WOLFSON FAMILY FOUNDATION, INC.



Principal Place of Business 1508 SAN IGNACIO AVE. SUITE 150 CORAL GABLES, FL 33146	Mailing Address 1508 SAN IGNACIO AVE. SUITE 150 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0939041	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE., STE. 125
 CORAL GABLES, FL 33146**

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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, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000038630
 02/06/04 00112 025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, BERNARD 1508 SAN IGNACIO AVE STE 150 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, JESSIE 1508 SAN IGNACIO AVE STE 150 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARKMAN, MARK 1508 SAN IGNACIO AVE STE 150 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2/2/04** **305-661-1230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #