

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000797

Entity Name: JERI L. WOLFSON FOUNDATION, INC.**Current Principal Place of Business:**2401 GULF SHORE BLVD. N. #44
NAPLES, FL 34103**Current Mailing Address:**JERI WOLFSON
2401 GULF SHORE BLVD. N. #44
NAPLES, FL 34103 US**FEI Number:** 58-2169008**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LILE, LAIRD ESQ.
3033 RIVIERA DRIVE
SUITE 104
NAPLES, FL 34103 US*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:** LAIRD LILE

01/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------------|
| Title | PD |
| Name | WOLFSON, JERI L |
| Address | 2401 GULF SHORE BLVD. N. #44 |
| City-State-Zip: | NAPLES FL 34103 |

| | |
|-----------------|-------------------------------------|
| Title | MR. |
| Name | WOLFSON, LOUIS |
| Address | 9400 S. DADELAND BLVD. SUITE 100 |
| City-State-Zip: | MIAMI FL 33156 |

| | |
|-----------------|----------------------------|
| Title | D |
| Name | WOLFORD, SUSAN |
| Address | 827 LACHMAN LANE |
| City-State-Zip: | PACIFIC PALISADES CA 90272 |

| | |
|-----------------|------------------|
| Title | MS. |
| Name | KRISTIN, POOLE |
| Address | PO BOX 2787 |
| City-State-Zip: | KETCHUM ID 83340 |

I hereby 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 all other like empowered.

SIGNATURE: JERI WOLFSON**PRESIDENT**

01/09/2023

Electronic Signature of Signing Officer/Director Detail

Date