

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006575

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**8085828443CC**

**Entity Name:** BARRY WISH FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0720792

**Certificate of Status Desired:** No

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name WISH, BARRY N  
Address 4 OCEAN LA  
City-State-Zip: MANALAPAN FL 33462

Title DS  
Name WISH, JONATHAN ADESS  
Address 4 OCEAN LA  
City-State-Zip: MANALAPAN FL 33462

Title DT  
Name SILVERSTEIN, STACEY ADESS  
Address 4 OCEAN LA  
City-State-Zip: MANALAPAN FL 33462

Title DVP  
Name WISH, LINDSEY  
Address 4 OCEAN LA  
City-State-Zip: MANALAPAN FL 33462

Title DVP  
Name WISH, OBLIO  
Address 4 OCEAN LA  
City-State-Zip: MANALAPAN FL 33462

*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:** BARRY WISH

DP

02/08/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date