

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003686

Entity Name: THE DRS. PETER A. WISH AND LESLIEBETH BERGER WISH FOUNDATION, INC.

FILED
May 26, 2016
Secretary of State
CC5182504486

Current Principal Place of Business:

1444 HARBOR DR
SARASOTA, FL 34239

Current Mailing Address:

1444 HARBOR DR
SARASOTA, FL 34239

FEI Number: 65-0845132

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WISH, PETER ADR
1444 HARBOR DR
SARASOTA, FL 34239 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 | PSTD | Title | VD |
| Name | WISH, PETER ADR | Name | WISH, LESLIEBETH BDR |
| Address | 1444 HARBOR DR | Address | 1444 HARBOR DR |
| City-State-Zip: | SARASOTA FL 34239 | City-State-Zip: | SARASOTA FL 34239 |

| | |
|-----------------|--------------------|
| Title | D |
| Name | WISH, BARRY N |
| Address | 4 OCEAN LN |
| 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: DR PETER A. WISH

PRESIDENT

05/26/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date