2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State
04-23-2007 90074 034 ****61.25

DOCUMENT # 705346

1. Entity Name
MITCHELL WOLFSON FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
9400 S DADELAND BLVD 100 MIAMI, FL 33156 US	9400 S DADELAND BLVD 100 MIAMI, FL 33156 US

DO NOT WRITE IN THIS SPACE

04122007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-0991920
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFSON, LOUIS III
9400 S DADELAND BLVD
SUITE 100
MIAMI, FL 33156

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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: Louis Wolfson III 4-12-07
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOLFSON, LOUIS I
STREET ADDRESS	9400 S DADELAND BLVD, #100
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	ASD
NAME	AUERBACH, HAROLD
STREET ADDRESS	1110 BRICKELL AVE, STE 202
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	CAPRARO, FRANZ
STREET ADDRESS	1110 BRICKELL AVE, PH 2
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	ATD
NAME	WILCOX, CHERYL
STREET ADDRESS	56283 OCEAN DRIVE
CITY-ST-ZIP	MARATHON, FL
TITLE	VP
NAME	WOLFSON, FRANCES
STREET ADDRESS	15 CASA MAR LANE
CITY-ST-ZIP	NAPLES, FL
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 exemptions contained 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 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: Louis Wolfson III 5-11-07 305-854-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #