2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# 705346

Entity Name: MITCHELL WOLFSON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

9400 S DADELAND BLVD
100
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

9400 S DADELAND BLVD
100
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 59-0991920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WOLFSON, LOUIS I	
Address:	9400 S DADELAND BLVD, #100	
City-St-Zip:	MIAMI, FL 33156	
Title:	ASD	( ) Delete
Name:	AUERBACH, HAROLD	
Address:	9300 BAY HARBOR TERR APT 5B	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	
Title:	T	( ) Delete
Name:	CAPRARO, FRANZ	
Address:	1110 BRICKELL AVE, PH 2	
City-St-Zip:	MIAMI, FL 33131	
Title:	ATD	( ) Delete
Name:	WILCOX, CHERYL	
Address:	56283 OCEAN DRIVE	
City-St-Zip:	MARATHON, FL	
Title:	VP	( ) Delete
Name:	WOLFSON, FRANCES	
Address:	15 CASA MAR LANE	
City-St-Zip:	NAPLES, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOUIS WOLFSON III P 05/05/2009

Electronic Signature of Signing Officer or Director — Date