FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 710469

1. Corporation Name

RICHARD F. WOLFSON FAMILY FOUNDATION, INC

Principal Place of Busines
630 UNIVERSITY DR.
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

Mailing Address

630 UNIVERSITY DRIVE CORAL GABLES FL 33134

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90263 049 ****61.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

03/04/1966

59-6176043

4. FEI Number

9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address	Zíp	Country	Zip		Country		6. Election Can	npaign Financing		•	May Be	
VALDES-FAULI CORPORATE SERVICES INC. 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAM! FL 33131 48 City FL B5 Zip Code T1. Pursuint to the provisions of Sections 617,0502 and 617,1508, Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, an familiar with, and accept the obligations of, Section 817,0503, Florida Statutes. SIGNATURE SIGNATURE ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS T12. OFFICERS AND DIRECTORS IN 13. ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD OFFICERS AND DIRECTORS IN 13. ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD ONNE SIGNATURE ONNESS TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 11 TITLE DELETE 12 TITLE DELETE 12 TITLE DELETE 14 CITY 51.2P TITLE DELETE 14 CITY 51.2P TITLE DELETE 15 TITLE D	4	25 29 30						Added to Fe		to Fees		
VALDES-FAULI CORPORATE SERVICES INC. 2 SOUTH BISCAYNE BLVD. SUITE 3400 MAMI FL 33131 44 City FL 85 Zip Code TI. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, an immiliar with, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, an immiliar with, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and milliar with, and accept the obligations of, Section 515,003, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 517,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 517,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation of sections of the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the proposed of directors. I hereby accept the appointment as registered agent, and accept the obligation of sections of the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the proposed Statutes. SIGNATURE PD		9. Name and Address of Current F		10. Name and Address of New Registered Agent								
2 SOUTH BISCAYNE BLVD. SUITE 3400 MAMI FL 33131 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridal, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Floridal Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 ITIME PD WOLFSON, ELAINE SITERET ADDRESS SOUNDERSTITY DR. 1.3 STREET ADDRESS SOUNDERSTITY DR.					81	Name		•		•	ł	
2 SOUTH BISCAYNE BLVD. SUITE 3400 MAMI FL 33131 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridal, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Floridal Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 ITIME PD WOLFSON, ELAINE SITERET ADDRESS SOUNDERSTITY DR. 1.3 STREET ADDRESS SOUNDERSTITY DR.	VALUES EATH L'ORPORATE SERVICES INC					82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 3400 MIAM FL 33131 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the abroval or degree of registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE MUESTA DORSON TILL PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY ST. 2P CORAL GABLES FL TITLE DELETE 11. TITLE DELETE 11. TITLE Change Addition WOLFSON, PLAINE SIRRET ADDRESS OUT ST. 2P TITLE DELETE 14. CITY ST. 2P Change Addition Addition TITLE DELETE 13. TITLE Change Addition Addition Addition Addition TITLE DELETE 14. CITY ST. 2P Change Addition Addition TITLE DELETE 15. TITLE Change Addition Addition Addition Addition Addition Addition TITLE Change Addition Addition TITLE Change Addition Addition TITLE Change Addition Addition TITLE Change Addition TITLE Change Addition Addition TITLE Change Addition Addition TITLE Change Addition Addition TITLE Change Addition Addition TITLE Change Addition Addition Addition TITLE Change Addition Addition TITLE Change Addition Addition Addition TITLE Change Addition Addition Addition TITLE Change Addition Addition TITLE Change Addition Addition Addition Addition ADDITIONS/CHANGES AND DIRECTORS IN 12 TITLE Change Addition Addition Addition Addition TITLE Change Addition Addition Addition TITLE ADDITIONS/CHANGES AND DIRECTORS AND DIRECTORS IN 12 TITLE Change Addition Add	· · · · · · · · · · · · · · · · · · ·					0000171001						
MIAMI FL 33131 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and main and accept the obligations of, Section 617,0502 and e17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and main and accept the obligations of, Section 617,0502 and entire and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and main and accept the obligation of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and agent and main and accept the obligation of, Section 617,0502 and of the corporation's board of directors. I hereby accept the appointment as registered and accept the obligation of, Section 617,0502 and 617,1508, Florida Statutes, the acceptance of change in changing its registered of the corporation's board of directors. I hereby accept the appointment as registered and provided in the corporation's board of directors. I hereby accept the appointment as registered and provided in the corporation's board of directors. I hereby accept the appointment as registered because the corporation's board of directors. I hereby accept the appointment as registered and provided and provided and accept the obligation of, Section 617,0502 and 100 a			83						Ĭ			
The Pursuant to the provisions of Sections 617,0502 and 617,1502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered confice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered signer. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or period name of registered and other inspirations. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS IN 12. 11. TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME WOLFSON, ELAINE STREET ADDRESS CDPV-ST-ZP CORAL GABLES FL 1.4 CTPV-ST-ZP CORAL GABLES FL 1.5 TITLE 1.5 CHANGES		· ·			104	Oit.		_ -		les Zin	Code	
office or registered agent, or both, in the State of Florida, Such change was alluminated agent and minimal with, and accept the deligations of, Section 617-0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and time? OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TIME VOLFSON, ELAINE STREET ADDRESS 630 UNIVERSITY DR. 13. STREET ADDRESS 640 UNIVERSITY DR. 14. CITY-ST-ZIP Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZIP Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZIP Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TIME 15. TIM	MIMMI FL	33131) 24	City			FL			
Signature, lighted or printed name of registanced lagent and time if applicables. INDIE: Registered Agent applicable. INDIE: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	office or t	enistered agent or both in the State of	Flonda, Such chande	e was autno	nzea ov	tne corporatio	oration submits this on's board of directo	statement for the ors. I hereby accep	purpose of o t the appoin	hanging it tment as re	s registered egistered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	SIGNATURE	Planature, hand as winted name of sanietared transit as	ed title if applicable	/NOTE: Regi	istered Agen	t signature required	d when reinstating)		DATE			
PD	12			(10.12.110		1		HANGES TO OF	FICERS AN	DIRECT	ORS IN 12	
NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CORNST-IP CORAL GABLES FL D D DELETE D NAME WOLFSON, PAUL STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP D D D D D D D D D D D D D D D D D D D		, 		.ETE	1,1 TITLE					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL ILCITY-ST-ZIP TITLE D DELETE DELETE 12 TITLE D Change Addition NAME WOLFSON, PAUL 22 HAWE 23 STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STO PARK AVE. A3 STREET ADDRESS NEW YORK NY DELETE 41 TITLE A4 CITY-ST-ZIP TITLE NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE NAME 55 STREET ADDRESS CITY-ST-ZIP TITLE NAME 55 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET A		' -			1,2 NAME	ł				•		
COPAL GABLES FL		1		•	1.3 STREET	ADDRESS						
DELETE D		I		1		J		•				
WOLFSON, PAUL 22 NAME 23 STREET ADDRESS 1509 CHURCH ST 23 STREET ADDRESS 24 CITY-ST-ZIP WASHINGTON DC DELETE 31 TITLE Change Addition Additio			□ DEI	LETE						Change	☐ Addition	
1509 CHURCH ST 23 STREET ADDRESS 24 CITY-ST-ZIP 23 STREET ADDRESS 24 CITY-ST-ZIP 25 STREET ADDRESS 24 CITY-ST-ZIP 25 STREET ADDRESS 25 STREET ADDRES	•	1 •		•		ĺ					· 1	
CITY_ST-ZIP				Į		ADDRESS					}	
TITLE D					•	,						
HESS, LISA WOLFSON 3.2 NAME 570 PARK AVE. 3.3 STREET ADDRESS CITY-ST-ZIP NEW YORK NY 3.4 CITY-ST-ZIP Change Addition Additi				FTE		1-41				Change	☐ Addition	
STREET ADDRESS STRE	_	•		 }				-				
STREET ADDRESS STRE		1				ADDESS					}	
TITLE						[Ì	
A. 2 NAME		NEW TORK NI	[] DE	FTE		11-21-				☐ Change	☐ Addition	
### ### ##############################			23 -									
Addition City-St-Zip Addition Change City-St-Zip City-St-Zip City-St-Zip Change Addition Change Addition Change Addition Change City-St-Zip City		1		ľ		ADDRESS						
DELETE S.1 TITLE Change Addition				•		}					·	
NAME			□ DF	LETE		1-LIT	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS 6.6 CITY-ST-ZIP		{	202			-				- *.		
5.4 CITY-ST-ZIP		}]		TADDRESS		-				
TITLE G.1 TITLE G.2 NAME NAME STREET ADDRESS 6.4 CITY-ST-ZIP 6.6 CITY-ST-ZIP				ł		\			•		•	
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP 6.4 CITY- ST- ZIP			□ DF	ETE						Change	Addition	
STREET ADDRESS 6.3 STREET ADDRESS 16.4 CITY- ST- ZIP			عام لي		i -						_	
CITY-ST-ZIP				1		T ADDRESS						
		}		ł)						
	CITY-ST-ZIP	and if that the information available with	this filing done not a	ualify for the			Section 119 07/3/6	Florida Statutes	I further cert	ify that the	information	

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Applied For

\$8.75 Additional

Fee Required

Not Applicable