


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90047 018 ****61.25

DOCUMENT # 713400 1. Entity Name LYNN AND LOUIS WOLFSON II, FAMILY FOUNDATION, INC.	
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Principal Place of Business 1110 BRICKELL AVE., SUITE 202 MIAMI, FL 33131	Mailing Address 1110 BRICKELL AVE., SUITE 202 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # <i>2699 S. Bayshore Dr</i>	3. Mailing Address <i>2699 S. Bayshore Dr.</i>
Suite, Apt. #, etc. <i>5th FLOOR</i>	Suite, Apt. #, etc. <i>5th FLOOR</i>
City & State <i>MIAMI FL USA</i>	City & State <i>MIAMI FL USA</i>
Zip <i>33133</i>	Country <i>MIAMI DADE</i>



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6196403	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AUERBACH, HAROLD 1110 BRICKELL AVE SUITE 202 MIAMI, FL 33131
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7. Name and Address of New Registered Agent Name <i>MARK SCOTT</i> Street Address (P.O. Box Number is Not Acceptable) <i>2699 S. BAYSHORE DRIVE</i> City <i>MIAMI</i> FL Zip Code <i>33133</i>

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 <i>Matthew</i> DATE <i>1/21/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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: <i>Lynn Wolfson</i> DATE: <i>1-15-08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>