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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721514** (8)

1. Corporation Name

THE WOLFSON FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**3733 UNIV BLVD W STE 110
P O BOX 4
JACKSONVILLE FL 32217**

**3733 UNIV BLVD W STE 110
P O BOX 4
JACKSONVILLE FL 32217**

3. Date Incorporated or Qualified

08/13/1971

4. FEI Number

59-0995431

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOMBERLIN, M.C.
3733 UNIVERSITY BOULEVARD WEST
JACKSONVILLE FL**

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 Zip Code

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WOLFSON, STEPHEN P.**
STREET ADDRESS **150 N. HALIFAX DR**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **D** ☐ DELETE
NAME **WOLFSON, GARY L.**
STREET ADDRESS **4076 NW 95TH AVENUE RD.**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **WOLFSON, MICHAEL S.**
STREET ADDRESS **650 PARK AVENUE, 17A**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE
NAME **DEGEN, JOE I.**
STREET ADDRESS **7309 S. GARY PLACE**
CITY-ST-ZIP **TULSA OK**

TITLE **D** ☐ DELETE
NAME **DEGEN, SLYVIA W.**
STREET ADDRESS **7309 S GARY PLACE**
CITY-ST-ZIP **TULSA OK**

TITLE **CD** ☐ DELETE
NAME **WOLFSON, CECIL**
STREET ADDRESS **650 PARK AVE., #17A**
CITY-ST-ZIP **NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **Tomberlin, M.C.**
1.3 STREET ADDRESS **3733 University Blvd., Ste 110**
1.4 CITY-ST-ZIP **Jacksonville, FL 32217**

2.1 TITLE **T** ☐ Change ☒ Addition
2.2 NAME **Robert O. Johnson**
2.3 STREET ADDRESS **10 South Newnan St., Ste. 1**
2.4 CITY-ST-ZIP **Jacksonville, FL 32202**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 (changed), or on an attachment with an address.

SIGNATURE:

ROBERT O. JOHNSON 424.98 (904) 632.2160

CR2E037 (10/97)