

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90106 024 ****61.25

DOCUMENT # 721514

1. Corporation Name

THE WOLFSON FAMILY FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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

473661 - 90106 - 24



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/13/1971

4. FEI Number

59-0995431

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 D ☐ Change ☒ Addition

1.2 NAME WOLFSON, NATHAN
1.3 STREET ADDRESS P. O. BOX 1328
1.4 CITY-ST-ZIP LAKE ARROWHEAD, CA 92352

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME WOLFSON, SAUL
2.3 STREET ADDRESS 6750 EPPING FOREST WAY, NORTH, #114
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32217

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME WOLFSON, RICHARD-J.
3.3 STREET ADDRESS 1301 FIRST STREET, SOUTH #1101
3.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME EDWARDS, MORRIS D.
4.3 STREET ADDRESS 214 EAST HILL STREET
4.4 CITY-ST-ZIP PLAINWELL, MICHIGAN 49080

5.1 TITLE DS ☐ Change ☒ Addition

5.2 NAME TOMBERLIN, M.C.
5.3 STREET ADDRESS 3235 FRONT ROAD
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

6.1 TITLE T ☐ Change ☒ Addition

6.2 NAME JOHNSON, ROBERT O.
6.3 STREET ADDRESS 10 SOUTH NEWNAN STREET, SUITE ONE
6.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE ROBERT O. JOHNSON

4.28.99 (904) 632 2160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)