


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90382 047 ****61.25

DOCUMENT # 721514 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0995431	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOMBERLIN, M.C. 3733 UNIVERSITY BOULEVARD WEST JACKSONVILLE, FL				Name Tomberlin, M. C. Street Address (P.O. Box Number is Not Acceptable) 3235 Front Road City Jacksonville FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, CECIL		NAME	Joe I. Degen	
STREET ADDRESS	7956 SAN JOSE BLVD		STREET ADDRESS	7309 S. Gary Place	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Tulsa, OK 74136	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, NATHAN		NAME	Richard J. Wolfson	
STREET ADDRESS	3317 LISMORE LANE		STREET ADDRESS	9601 Southbrook Drive #129-E	
CITY-ST-ZIP	BURBANK, CA 91504		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, SAUL		NAME	M. C. Tomberlin	
STREET ADDRESS	9601 SOUTHBROOK DRIVE #129-E		STREET ADDRESS	3235 Front Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, STEPHEN P.		NAME		
STREET ADDRESS	132 SANCATTLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, MICHAEL S		NAME		
STREET ADDRESS	215 EAST 68TH STRET #20-W		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10021		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MORRIS D		NAME		
STREET ADDRESS	214 EAST HILL STREET		STREET ADDRESS		
CITY-ST-ZIP	PLAINWELL, MI 49080		CITY-ST-ZIP		
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: <u>M. C. Tomberlin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/06 904-358-9062 <small>Date Daytime Phone #</small>		