


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| <b>DOCUMENT # N00285</b><br>1. Entity Name<br><b>RUBIN AND GLADYS WOLLOWICK FOUNDATION, INC.</b>  |  |   |  |    |   |
| Principal Place of Business<br><b>MELLOW PRIVATE TRUST CO.<br/>1111 BRICKELL AVE 30TH FLOOR<br/>MIAMI FL 33131</b>  |  |   | Mailing Address<br><b>MELLOW PRIVATE TRUST CO.<br/>1111 BRICKELL AVE 30TH FLOOR<br/>MIAMI FL 33131</b> |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |   |
| City & State  |  |   | City & State   |   |   |
| Zip   |  | Country   |  | 4. FEI Number<br><b>59-2469452</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><b>RUBIN &amp; GLADYS WOLLOWICK FDN,<br/>MELLON PRIVATE TRUST CO.<br/>1111 BRICKELL AVE 30TH FLOOR<br/>MIAMI FL 33131</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |   |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |   |
| <div style="text-align: right;"> <b>Make Check Payable to<br/>Florida Department of State</b> </div>  |  |   |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>WOLLOWICK, JANET AMY<br>3800 NW 100TH AVE<br>HOLLYWOOD FL 33024                            | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>WOLLOWICK, PATRICIA<br>7611 SOUTHAMPTON TERRACE BLDG A APT 116<br>FORT LAUDERDALE FL 33321 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVT<br>LOWE, SANDRA L<br>3500 N. 34 AVE<br>HOLLYWOOD FL 33021                                    | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Patricia Wollowick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_