

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00285

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** RUBIN AND GLADYS WOLLOWICK FOUNDATION, INC.

**Current Principal Place of Business:**

MELLOW PRIVATE TRUST CO.  
1111 BRICKELL AVE 30TH FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

MELLOW PRIVATE TRUST CO.  
1111 BRICKELL AVE 30TH FLOOR  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 59-2469452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUBIN & GLADYS WOLLOWICK FDN,  
MELLON PRIVATE TRUST CO.  
1111 BRICKELL AVE 30TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: WOLLOWICK, JANET AMY  
Address: 3800 NW 100TH AVE  
City-St-Zip: HOLLYWOOD, FL 33024

Title: DP ( ) Delete  
Name: WOLLOWICK, PATRICIA  
Address: 7611 SOUTHAMPTON TERRACE BLDG A APT 116  
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: DVT ( ) Delete  
Name: LOWE, SANDRA L  
Address: 3500 N. 34 AVE  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET AMY WOLLOWICK

D

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date