


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006939 1. Entity Name DAVID WILKES FOUNDATION, INC.	
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Principal Place of Business 5701 COLLINS AVENUE MIAMI BEACH, FL 33140	Mailing Address 5701 COLLINS AVENUE MIAMI BEACH, FL 33140
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09092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 22-3839870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000172490

09/24/04-80001-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILKES, DAVID 5701 COLLINS AVENUE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILKES, DONALD 917 EUCLID AVENUE #5 SANTA MONICA, CA 90403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILKES, STEPHEN 17 CROOKED MILE ROAD WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KINBERG, SHARON W 7504 VALE STREET CHEVY CHASE, MD 20815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: David Wilkes David Wilkes 9/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #