

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006939

FILED  
Aug 29, 2005  
Secretary of State

**Entity Name:** DAVID WILKES FOUNDATION, INC.

**Current Principal Place of Business:**

5701 COLLINS AVENUE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

5701 COLLINS AVENUE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 22-3839870      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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: PD ( ) Delete  
Name: WILKES, DAVID  
Address: 5701 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD ( ) Delete  
Name: WILKES, DONALD  
Address: 917 EUCLID AVENUE #5  
City-St-Zip: SANTA MONICA, CA 90403

Title: TD ( ) Delete  
Name: WILKES, STEPHEN  
Address: 17 CROOKED MILE ROAD  
City-St-Zip: WESTPORT, CT 06880

Title: SD ( ) Delete  
Name: KINBERG, SHARON W  
Address: 7504 VALE STREET  
City-St-Zip: CHEVY CHASE, MD 20815

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID WILKES

PD

08/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date