

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006939

1. Entity Name
DAVID WILKES FOUNDATION, INC.



Principal Place of Business
5701 COLLINS AVENUE
MIAMI BEACH, FL 33140

Mailing Address
5701 COLLINS AVENUE
MIAMI BEACH, FL 33140



06012006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3839870

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000566848
06/06/06-80003-011 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILKES, DAVID
STREET ADDRESS 5701 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VD
NAME WILKES, DONALD
STREET ADDRESS 917 EUCLID AVENUE #5
CITY-ST-ZIP SANTA MONICA, CA 90403

TITLE TD
NAME WILKES, STEPHEN
STREET ADDRESS 17 CROOKED MILE ROAD
CITY-ST-ZIP WESTPORT, CT 06880

TITLE SD
NAME KINBERG, SHARON W
STREET ADDRESS 7504 VALE STREET
CITY-ST-ZIP CHEVY CHASE, MD 20815

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #