

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006939

FILED
Jan 22, 2009
Secretary of State

Entity Name: DAVID WILKES FOUNDATION, INC.

Current Principal Place of Business:

1800 NORTHEAST 114TH ST. APT 2011
MIAMI, FL 33181

New Principal Place of Business:

1800 NORTHEAST 114TH ST.
2011
MIAMI, FL 33181

Current Mailing Address:

1800 NORTHEAST 114TH ST. APT 2011
MIAMI, FL 33181

New Mailing Address:

1800 NORTHEAST 114TH ST.
2011
MIAMI, FL 33181

FEI Number: 22-3839870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: WILKES, DAVID
Address: 5701 NE 114TH ST STE 2011
City-St-Zip: MIAMI, FL 33181

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: PD (X) Change () Addition
Name: WILKES, DAVID
Address: 1800 NORTHEAST 114TH ST, STE 2011
City-St-Zip: MIAMI, FL 33181

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: MICHAEL S. COWLES

CPA

01/22/2009

Electronic Signature of Signing Officer or Director

Date