2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# N06000012954

Entity Name: RICHARD S. WOLFMAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3140 SOUTH OCEAN BLVD APT
#402
S. PALM BEACH, FL 334805624

New Principal Place of Business:

Current Mailing Address:

3140 SOUTH OCEAN BLVD APT
#402
S. PALM BEACH, FL 334805624

New Mailing Address:

FEI Number: 20-8092924 **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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: WOLFMAN, RICHARD S
Address: 3140 SOUTH OCEAN BLVD APT #420
City-St-Zip: S. PALM BEACH, FL 334805624

Title: D ( ) Delete
Name: KANTROWITZ, WALTER L ESQ
Address: 5502 FOUNTAINS DRIVE SOUTH
City-St-Zip: LAKE WORTH, FL 334675773

Title: D ( ) Delete
Name: KAUFMAN, DAVID A CPA
Address: 6959 FOUNTAINS CIRCLE
City-St-Zip: LAKE WORTH, FL 334675722

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: HARVEY WEISSBERG CPA 06/26/2009

Electronic Signature of Signing Officer or Director — Date