

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012954

FILED  
May 11, 2010  
Secretary of State

**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:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RICHARD WOLFMAN

DIR

05/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date