

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005403

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** THE COMMUNICATION FOUNDATION, INC.

**Current Principal Place of Business:**

7840 SW 86TH STREET  
21  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7840 SW 86TH STREET  
21  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 26-2745174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, JOHN C  
540 BILTMORE WAY  
CORAL GABLES, FL 33134 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:** CEO  
**Name:** WOLFE, CHRISTOPHER  
**Address:** 7840 SW 86TH STREET, #21  
**City-St-Zip:** MIAMI, FL 33143 US

**Title:** DIR  
**Name:** KORGE, ANDREW  
**Address:** 300 ARAGON AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** DIR  
**Name:** HARTNETT, JAMES D  
**Address:** P.O. BOX 143712  
**City-St-Zip:** CORAL GABLES, FL 33114 US

**Title:** DIR  
**Name:** ADAMS, JOHN C  
**Address:** 540 BILTMORE WAY  
**City-St-Zip:** CORAL GABLES, FL 33134 US

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:** CHRISTOPHER WOLFE

CEO

04/28/2010

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

\_\_\_\_\_  
Date