

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000001102

FILED  
Dec 21, 2010  
Secretary of State

**Entity Name:** THE WOLFSON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

10151 DEERWOOD PARK BLVD.  
BUILDING 200, SUITE 250  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

7545 CENTURION PARKWAY  
SUITE 106  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

P. O. BOX 4  
JACKSONVILLE, FL 32201

**New Mailing Address:**

**FEI Number:** 27-4327863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, MARK M  
200 W. FORSYTH ST.  
SUITE 1100  
JACKSONVILLE, FL FL 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:** MARK GREEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WOLFSON, DONALD M  
**Address:** 1725 BEACH AVENUE  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

**Title:** VP  
**Name:** WOLFSON, MICHAEL S  
**Address:** 215 EAST 68TH STREET, #20-W  
**City-St-Zip:** NEW YORK, NY 10021

**Title:** SEC  
**Name:** WOLFSON, KAREN R  
**Address:** 1725 BEACH AVENUE  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

**Title:** D  
**Name:** WOLFSON, CECIL  
**Address:** 650 PARK AVENUE  
**City-St-Zip:** NEW YORK, NY 10022

**Title:** D  
**Name:** WOLFSON, NATHAN  
**Address:** 3306 INDIAN MEADOWS LN  
**City-St-Zip:** CHARLOTTE, NC 28210

**Title:** D  
**Name:** DEGEN, JOE  
**Address:** 7309 SOUTH GARY PL  
**City-St-Zip:** TULSA, OK 74136

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:** DONALD M WOLFSON

P

12/21/2010

Electronic Signature of Signing Officer or Director

Date