

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001102

FILED  
Apr 27, 2011  
Secretary of State

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

**Current Principal Place of Business:**

7545 CENTURION PARKWAY  
SUITE 106  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**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: \_\_\_\_\_

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, 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

04/27/2011

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

\_\_\_\_\_  
Date