2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12127

FILED Jan 07, 2004 Secretary of State

Entity Name: MAKE-A-WISH FOUNDATION OF SOUTHERN FLORIDA, INC.

2004 0710	rincipal Place of Business:	New Principal Place of	New Principal Place of Business:	
2901 STR STE 208	LING ROAD			
	RDALE, FL 33312 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
2901 STIR STE 208	LING ROAD			
	RDALE, FL 33312 US			
FEI Number:	59-2620322 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address of N	lew Registered Agent:	
STROM, N 9860 SW 3 PLANTATI				
	named entity submits this statement for the of Florida.	purpose of changing its registered of	office or registered agent, or both,	
SIGNATUF				
	Electronic Signature of Registered A	gent	Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C () Delete WEDDERBURN, NORMAN 16300 NE 19 AVE MIAMI, FL 33162	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Name: Address:	S () Delete COHEN, MARTIN 4291 NAUTILUS DRIVE MIAMI BEACH, FL 33140	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Name: Address: City-St-Zip: Title: Name: Address:	COHEN, MARTIN 4291 NAUTILUS DRIVE	Name: Address: City-St-Zip:) Change()Addition) Change()Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	COHEN, MARTÍN 4291 NAUTILUS DRIVE MIAMI BEACH, FL 33140 T () Delete LEVINE, LAURIE 8922 SW 59TH STREET	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	COHEN, MARTIN 4291 NAUTILUS DRIVE MIAMI BEACH, FL 33140 T () Delete LEVINE, LAURIE 8922 SW 59TH STREET COOPER CITY, FL 33328 D () Delete FRIEDLANDER, RANDY 3135 ESTATES DRIVE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: () Title: () Address: City-St-Zip:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTIN COHN CHAI 01/07/2004