2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12127

FILED Mar 07, 2006 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
STE 208	LING ROAD RDALE, FL 33	3312 US					
Current Mailing Address:				New Mailing Address:			
STE 208	LING ROAD RDALE, FL 33	3312 US					
FEI Number:	59-2620322	FEI Number Applied For ()	FEI Numb	er Not Appli	icable ()	Certificate of Status Desired	(X)
Name and	Address of C	urrent Registered Agent:	N	lame and	Address of N	New Registered Agent:	
	CT ON, FL 33324 named entity s	US ubmits this statement for the	20 A	:0250 NE 3 NVENTURI	BURN, NORM B4TH COURT EA, FL 33180 cs registered o	US	r both,
		WEDDEDBLIDN				03/07/2006	
SIGNATURE: NORMAN WEDDERBURN Electronic Signature of Registered Agent							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	T () STEPHENS, DU 100 SE 6TH STE FT. LAUDERDAI	REET	Na Ad	itle: lame: .ddress: city-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () COHEN, MARTII 4291 NAUTILUS MIAMI BEACH, F	DRIVE	Na Ad	itle: lame: .ddress: city-St-Zip:	S (X ELIAS, ROBBY 8568 GLENCA MIAMI LAKES,	IRN LANE	
Title: Name: Address: City-St-Zip:	S () LEVINE, LAURIE 8922 SW 59TH COOPER CITY,	STREET	Na Ad	itle: lame: .ddress: city-St-Zip:	C (X LEVINE, LAUR 11601 PALMET COOPER CITY	TTO WAY	
Title: Name: Address: City-St-Zip:	D () FRIEDLANDER, 3135 ESTATES POMPANO BEA	DRIVE	Na Ad	itle: lame: .ddress: city-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	C () DEMAR, STEVE 2699 S BAYSHO MIAMI, FL 3313	DRE DR #400	Na Ad	itle: lame: .ddress: city-St-Zip:	BAYER, GEOR 1411 LA COST	() Change () Addition RGE P 'A DRIVE EAST INES, FL 33027	
Title: Name: Address: City-St-Zip:	TROSCLAIR, LA	TTO PARK ROAD	Na Ad	itle: lame: .ddress: 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 Chapter 119, 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: LAURIE LEVINE C 03/07/2006