


FILE NOW: FILING FEE IS \$61.25

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Sep 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29014 (0)**

1. Corporation Name  
**THE DAVID LOREN WOLFSON FOUNDATION, INC.**



Principal Place of Business <b>2420 S W FOXPOINT TRAIL PALM CITY FL 34990 US</b>	Mailing Address <b>2420 S W FOXPOINT TRAIL PALM CITY FL 34990 US</b>
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3. Date Incorporated or Qualified <b>10/26/1988</b>	
4. FEI Number <b>65-0271577</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent

**WOLFSON, PHILIP ROYCE  
2420 SW FOXPOINT TRAIL  
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Philip Royce Wolfson* **Philip Royce Wolfson** August 15, 1998  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WOLFSON, PHILIP ROYCE</b>
STREET ADDRESS	<b>2420 SW FOXPOINT TRAIL</b>
CITY-ST-ZIP	<b>PALM CITY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WOLFSON, BETHANY GLENN</b>
STREET ADDRESS	<b>4401 CAPRI AVENUE</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WOLFSON, ALEXANDER</b>
STREET ADDRESS	<b>115 HIDDEN VALLEY LANE</b>
CITY-ST-ZIP	<b>NEWTOWN PA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>200002637782</b>
6.3 STREET ADDRESS	<b>-09/11/98--01093--038</b>
6.4 CITY-ST-ZIP	<b>***140.00</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Philip Royce Wolfson* **Philip Royce Wolfson** 1-561-1-10-1998 9-11

CR2E037 (10/97)