

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39316**

(7)

1. Corporation Name

WOLFF FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O WOLFF, BABBETTE
2500 S OCEAN BLVD #3C3
PALM BEACH FL 33480

C/O WOLFF, BABBETTE
2500 S OCEAN BLVD #3C3
PALM BEACH FL 33480

3. Date Incorporated or Qualified
08/01/1990

3a. Date of Last Report
01/25/1995

4. FEI Number
65-0215807

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

**WOLFF, BABBETTE
2500 S OCEAN BLVD #3C3
PALM BEACH FL 33480**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of the person who is the president or officer of the corporation

(If the Registered Agent signature is requested, when required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	WOLFF, BABBETTE	
STREET ADDRESS	2500 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	T	☐ DELETE
NAME	WOLFF, WILLIAM M., JR.	
STREET ADDRESS	9505 SAYBROOK AVE.	
CITY-ST-ZIP	SILVER SPRINGS MD	
TITLE	T	☐ DELETE
NAME	WOLFF, ANN MARX	
STREET ADDRESS	255 WEST END AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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:

Babbette Wolff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 767 582 4654
DATE DAYTIME PHONE

CR2E037 (12/95)