FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002724 (3)

1. Corporation Name

THE FRANCES LOUISE WOLFSON FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~11077 BISCAYNE BLVD.~~ ~~SUITE 200~~ ~~MIAMI FL 33161~~	~~11077 BISCAYNE BLVD.~~ ~~SUITE 200~~ ~~MIAMI FL 33161~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1993
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-6118860 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 RR #2 BOX 113	26 RR #2 BOX 113
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MARATHON FL	28 City & State: MARATHON FL
24 Zip: 33050 25 Country	29 Zip: 33050 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILCOX, CHERYL ~~11077 BISCAYNE BLVD.~~ ~~SUITE 200~~ ~~MIAMI FL 33161~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): RR #2 BOX 113 83 84 City: MARATHON FL 85 Zip Code: 33050

11. Pursuant to the provisions of Section 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4-12-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	WOLFSON, FRANCES L	12 NAME		
STREET ADDRESS	~~11077 BISCAYNE BLVD., SUITE 200~~	13 STREET ADDRESS	RR #2 BOX 113	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	MARATHON FL	
TITLE	DVP	21 TITLE		☐ Change ☐ Addition
NAME	WAXENBERG, JERI L	22 NAME		
STREET ADDRESS	~~11077 BISCAYNE BLVD., SUITE 200~~	23 STREET ADDRESS	RR #2 BOX 113	
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	MARATHON FL	
TITLE	DST	31 TITLE		☑ Change ☐ Addition
NAME	WILCOX, CHERYL A	32 NAME		
STREET ADDRESS	~~11077 BISCAYNE BLVD, STE 200~~	33 STREET ADDRESS	RR #2 BOX 113	
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	MARATHON FL 33050	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: [signature] 4-12-95 305 743 5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Cheryl A WILCOX

0043944