2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000002724

1. Entity Name
THE FRANCES LOUISE WOLFSON FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
RR #2 BOX 113 MARATHON, FL 33050 US	56283 OCEAN DR MARATHON, FL 33050 US

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01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-6118860
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILCOX, CHERYL
56283 OCEAN DR
MARATHON, FL 33050

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WOLFSON, FRANCES L
STREET ADDRESS	RR #2 BOX 113
CITY-ST-ZIP	MARATHON, FL
TITLE	DVP
NAME	WAXENBERG, JERI L
STREET ADDRESS	RR #2 BOX 113
CITY-ST-ZIP	MARATHON, FL
TITLE	DST
NAME	WILCOX, CHERYL A
STREET ADDRESS	RR #2 BOX 113
CITY-ST-ZIP	MARATHON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/08/04-80120-008 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C A WILCOX 3-4-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #