

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002724

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



Principal Place of Business

RR #2 BOX 113
MARATHON, FL 33050 US

Mailing Address

56283 OCEAN DR
MARATHON, FL 33050 US



02112005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
WOLFSON, FRANCES L
RR #2 BOX 113
MARATHON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
WAXENBERG, JERI L
RR #2 BOX 113
MARATHON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
WILCOX, CHERYL A
RR #2 BOX 113
MARATHON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000367898
05/20/05-80001-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-05