


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006623 1. Entity Name THE FRANK M. WOLFE FOUNDATION, INC.	
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Principal Place of Business 505 N. ORLANDO AVENUE 3RD FLOOR COCOA BEACH, FL 32931	Mailing Address 505 N. ORLANDO AVENUE 3RD FLOOR COCOA BEACH, FL 32931
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DO NOT WRITE IN THIS SPACE



02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOLFE, FRANK M 505 N. ORLANDO AVENUE 3RD FLOOR COCOA BEACH, FL 32931	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000069224 03/01/04-80007-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, FRANK M P.O. BOX #410883 N/A MELBOURNE, FL 329410883
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBLANC, JENNIFER L P.O. BOX #410883 N/A MELBOURNE, FL 329410883
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, MARIA L P.O. BOX #321299 N/A COCOA BEACH, FL 329321299
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUGHER, ROBERT A 2210 S. ATLANTIC AVE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, JAMES A 2090 N. TROPICAL TRAIL MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **2-24-04 321-783-2834**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #