

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

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000006623**

1. Entity Name  
**THE FRANK M. WOLFE FOUNDATION, INC.**



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**

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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 reinstating)

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	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	

000000181464  
01/14/05-80049-015 61.25

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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: *Frank M. Wolfe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2005 321-783-2834

Date

Daytime Phone #