

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 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**



01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WOLFE, FRANK M
STREET ADDRESS	P.O. BOX #410883 N/A
CITY-ST-ZIP	MELBOURNE, FL 329410883
TITLE	D
NAME	LEBLANC, JENNIFER L
STREET ADDRESS	P.O. BOX #410883 N/A
CITY-ST-ZIP	MELBOURNE, FL 329410883
TITLE	D
NAME	MEDINA, MARIA L
STREET ADDRESS	P.O. BOX #321299 N/A
CITY-ST-ZIP	COCOA BEACH, FL 329321299
TITLE	D
NAME	BAUGHER, ROBERT A
STREET ADDRESS	2210 S. ATLANTIC AVE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	D
NAME	STRICKLAND, JAMES A
STREET ADDRESS	2090 N. TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000389904  
01/23/06-80004-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1-12-2006 321-783-2834  
Date Daytime Phone #