

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 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**



01272007 No Chg-NP

CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

U000000614501
02/06/07-80033-022 61.25

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	

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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

1-29-07 321-271-4374

Date

Daytime Phone #