2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N97000006623

Entity Name: THE FRANK M. WOLFE FOUNDATION, INC.

Current Principal Place of Business:

505 N. ORLANDO AVENUE
3RD FLOOR
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

505 N. ORLANDO AVENUE
3RD FLOOR
COCOA BEACH, FL 32931

New Mailing Address:

P.O. BOX 321299
COCOA BEACH, FL 32932 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFE, FRANK M
505 N. ORLANDO AVENUE
3RD FLOOR
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

WOLFE, FRANK M
505 N. ORLANDO AVENUE
PTHSE
COCOA BEACH, FL 32931 US

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.

SIGNATURE: FRANK M WOLFE 01/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOLFE, FRANK M
Address: P.O. BOX #410883 N/A
City-St-Zip: MELBOURNE, FL 329410883

Title: D ( ) Delete
Name: LEBLANC, JENNIFER L
Address: P.O. BOX #410883 N/A
City-St-Zip: MELBOURNE, FL 329410883

Title: D ( ) Delete
Name: MEDINA, MARIA L
Address: P.O. BOX #321299 N/A
City-St-Zip: COCOA BEACH, FL 329321299

Title: D ( ) Delete
Name: BAUGHER, ROBERT A
Address: 2210 S. ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete
Name: STRICKLAND, JAMES A
Address: 2090 N. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK M. WOLFE D 01/13/2009
Electronic Signature of Signing Officer or Director Date