

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006623

FILED
Jan 26, 2010
Secretary of State

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:

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

New Mailing Address:

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
PTHSE
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: FRANK M. WOLFE

D

01/26/2010

Electronic Signature of Signing Officer or Director

Date