

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003602

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE BEN AND EVELYN WILSON FOUNDATION, INC.

Current Principal Place of Business:

2 MT HERMON RD
BLAIRSTOWN, NJ 07825

New Principal Place of Business:

Current Mailing Address:

2728 2ND ST.
SANTA MONICA, CA 90405

New Mailing Address:

FEI Number: 31-1604870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAND, GREGORY S
1680 FRIUTVILLE ROAD
SUITE 102
SARASOTA, FL 34236 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: PSD () Delete
Name: JAFFE, JOANNE
Address: 2728 2ND ST.
City-St-Zip: SANTA MONICA, CA 90405

Title: VD () Delete
Name: ROSENATT, JAY
Address: 126 SHERMAN AVE.
City-St-Zip: TEANECK, NJ 07666

Title: TD () Delete
Name: WEXLER, JONATHAN
Address: 12518 APPLETON
City-St-Zip: LOS ANGELES, CA 90066

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:

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: JOANNE JAFFE

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date