

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90010 028 ****61.25

DOCUMENT # N99000002838

1. Entity Name
CLARENCE WOLF JR. AND ALMA B. WOLF
FOUNDATION, INC.



Principal Place of Business
1101 BRICKELL AVE., STE. 800
MIAMI, FL 33131

Mailing Address
1101 BRICKELL AVE., STE. 800
MIAMI, FL 33131

50001364



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0920365

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~INTERSTATE REGISTERED AGENT CORPORATION~~
~~701 BRICKELL AVE., STE. 2800~~
~~MIAMI, FL 33131~~

RICHARD M KWAL
1101 BRICKELL AVE., STE 800
MIAMI FL 33131

**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 *Richard M. Kwal*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/5/05*

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME KWAL, RICHARD M
STREET ADDRESS 1101 BRICKELL AVE., STE. 800
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME RUBIN, GAIL DR.
STREET ADDRESS 1101 BRICKELL AVE., STE. 800
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME HAGEN, STEVEN H
STREET ADDRESS 701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME KWAL, RACHEL A
STREET ADDRESS 1101 BRICKELL AVE STE 800
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: *Richard M. Kwal* Richard M KWAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *1/5/05* 205-577-4333
Daytime Phone #