

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

FILED
Jan 08, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP

CR2E037 (4/06)

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

**KWAL, RICHARD M
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 _____

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

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. 1400
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

U00000578679
01/09/07-80039-001 61.25

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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

Richard M Kwal Richard M. Kwal

1/4/07

305-587-6008

Date

Daytime Phone #