2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002838

FILED Jan 06, 2009 Secretary of State

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

Current Pi	rincipal Place	e of Business:	New Principal Place	ce of Business:	
169 E GLAGLER ST STE 800				169 E FLAGLER ST STE 800	
MIAMI, FL 331311296			MIAMI, FL 3313112	296 US	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
69 E GLA	GLER ST STI	E 800	169 E FLAGLER ST	T STE 800	
	331311296		MIAMI, FL 3313112	296 US	
El Number:	65-0920365	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	s of New Registered Agent:	
	GLER ST STE 331311296 U				
		submits this statement for the	purpose of changing its registe	ered office or registered agent, or bot	
	named entity of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or bot	
n the State	e of Florida. RE:			ered office or registered agent, or bot	
n the State	e of Florida. RE:	submits this statement for the		ered office or registered agent, or bot Date	
n the State	e of Florida. RE:	nic Signature of Registered Ag	ent		
n the State SIGNATUF DFFICERS ittle:	e of Florida. RE: Electro S AND DIRECTO D (nic Signature of Registered Ag CTORS:) Delete	ent ADDITIONS/CHAN Title:	Date	
n the State SIGNATUF OFFICERS ittle: lame:	e of Florida. RE: Electro S AND DIREC D (KWAL, RICHA	nic Signature of Registered Ag CTORS:) Delete RD M	ent ADDITIONS/CHAN Title: Name:	Date NGES TO OFFICERS AND DIRECTO	
n the State SIGNATUF DFFICERS ittle: lame: ddress:	e of Florida. RE: Electro S AND DIREC D (KWAL, RICHA	nic Signature of Registered Ag CTORS:) Delete RD M ER ST STE 800	ent ADDITIONS/CHAN Title:	Date NGES TO OFFICERS AND DIRECTO	
n the State DFFICERS ittle: lame: .ddress: bity-St-Zip:	e of Florida. RE: Electro S AND DIREC D (KWAL, RICHA 169 E FLAGLE MIAMI, FL 33	nic Signature of Registered Ag CTORS:) Delete RD M ER ST STE 800	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO	
n the State SIGNATUF DFFICERS ittle: lame: .ddress: .city-St-Zip: ittle:	e of Florida. RE: Electro S AND DIREC D (KWAL, RICHA 169 E FLAGLE MIAMI, FL 33	nic Signature of Registered Age CTORS:) Delete RD M ER ST STE 800 1311296) Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition	
n the State CIGNATUF DFFICERS ittle: lame: ddress: city-St-Zip: ittle: lame:	e of Florida. RE: Electro B AND DIREC D (KWAL, RICHA 169 E FLAGLE MIAMI, FL 33' D (RUBIN, GAIL I	nic Signature of Registered Age CTORS:) Delete RD M ER ST STE 800 1311296) Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition	
n the State SIGNATUF DFFICERS ittle: lame: .ddress: city-St-Zip: ittle: lame: .ddress:	e of Florida. RE: Electro B AND DIREC D (KWAL, RICHA 169 E FLAGLE MIAMI, FL 33' D (RUBIN, GAIL I	nic Signature of Registered Age CTORS:) Delete RD M ER ST STE 800 1311296) Delete DR. ER ST STE 800	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition	
n the State SIGNATUF DFFICERS ittle: lame: ddress: city-St-Zip: ittle: lame: ddress: city-St-Zip: ittle:	e of Florida. RE: Electro S AND DIREC D (KWAL, RICHA 169 E FLAGLE MIAMI, FL 33' D (RUBIN, GAIL I 169 E FLAGLE MIAMI, FL 33' D ()	nic Signature of Registered Age CTORS:) Delete RD M ER ST STE 800 1311296) Delete DR. ER ST STE 800 1311296) Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition	
n the State SIGNATUF DFFICERS ittle: lame: .ddress: city-St-Zip: ittle: lame: .ddress: city-St-Zip: ittle: lame: .ddress:	e of Florida. RE: Electro S AND DIREC D (KWAL, RICHA 169 E FLAGLE MIAMI, FL 33' D (RUBIN, GAIL I 169 E FLAGLE MIAMI, FL 33' D (HAGEN, STEV	nic Signature of Registered Agentors:) Delete RD M ER ST STE 800 1311296) Delete DR. ER ST STE 800 1311296) Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	
n the State CIGNATUF DFFICERS ittle: ame: ddress: ity-St-Zip: itde: lame: ddress: ity-St-Zip: ittle: lame: ddress: ittle: lame: ddress:	e of Florida. RE: Electro S AND DIREC D (KWAL, RICHA 169 E FLAGLE MIAMI, FL 33° D (RUBIN, GAIL I 169 E FLAGLE MIAMI, FL 33° D (HAGEN, STEV 701 BRICKELI	nic Signature of Registered Agentors:) Delete RD M ER ST STE 800 1311296) Delete DR. ER ST STE 800 1311296) Delete (EN H L AVE STE. 1400	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	Date IGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	
n the State BIGNATUF DFFICERS ittle: lame: .ddress: bity-St-Zip: ittle: lame: .ddress: city-St-Zip: ittle: lame: .ddress: ittle: lame: .ddress:	e of Florida. RE: Electro S AND DIREC D (KWAL, RICHA 169 E FLAGLE MIAMI, FL 33' D (RUBIN, GAIL I 169 E FLAGLE MIAMI, FL 33' D (HAGEN, STEV	nic Signature of Registered Agentors:) Delete RD M ER ST STE 800 1311296) Delete DR. ER ST STE 800 1311296) Delete (EN H L AVE STE. 1400	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	
n the State SIGNATUF DFFICERS ittle: lame: .ddress: .city-St-Zip: ittle: lame: .ddress: .city-St-Zip: ittle: lame: .ddress: .city-St-Zip: ittle: lame: .ddress: .city-St-Zip: ittle: ittle: .ddress: .city-St-Zip: ittle:	e of Florida. RE: Electro S AND DIREC D (KWAL, RICHA 169 E FLAGLE MIAMI, FL 33' D (RUBIN, GAIL I 169 E FLAGLE MIAMI, FL 33' D (HAGEN, STEV 701 BRICKELI MIAMI, FL 33' D (nic Signature of Registered Age CTORS:) Delete RD M ER ST STE 800 1311296) Delete DR. ER ST STE 800 1311296) Delete EN H L AVE STE. 1400 131	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date IGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	
n the State SIGNATUF DFFICERS iitle: lame: ddress: iitle: lame: ddress: iitle: lame: ddress: iitle: lame: ddress: iitle: lame:	E of Florida. RE: Electro B AND DIRECTO D (KWAL, RICHA 169 E FLAGLE MIAMI, FL 33' D (RUBIN, GAIL I 169 E FLAGLE MIAMI, FL 33' D (HAGEN, STEV 701 BRICKELI MIAMI, FL 33' D (KWAL, RACHE	nic Signature of Registered Age CTORS:) Delete RD M ER ST STE 800 1311296) Delete DR. ER ST STE 800 1311296) Delete EN H L AVE STE. 1400 131) Delete EL A	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition () Change () Addition	
n the State SIGNATUF DFFICERS ittle: lame: ddress: city-St-Zip: ittle: lame: iddress: city-St-Zip: ittle: lame: ddress: city-St-Zip: ittle: lame: ddress: city-St-Zip: ittle:	E of Florida. RE: Electro B AND DIRECTO D (KWAL, RICHA 169 E FLAGLE MIAMI, FL 33' D (RUBIN, GAIL I 169 E FLAGLE MIAMI, FL 33' D (HAGEN, STEV 701 BRICKELI MIAMI, FL 33' D (KWAL, RACHE	nic Signature of Registered Agentors:) Delete RD M ER ST STE 800 1311296) Delete DR. ER ST STE 800 1311296) Delete EN H L AVE STE. 1400 131) Delete EL A ER ST STE 800	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition () Change () Addition	

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: RICHARD M KWAL PRES 01/06/2009