


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90035 014 ****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	
2. Principal Place of Business - No P.O. Box # 169 E FLAGLER STREET Suite, Apt. #, etc. 800		3. Mailing Address 169 E FLAGLER STREET Suite, Apt. #, etc. 800	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33131-1296		Country MIAMI-DADE	
4. FEI Number 65-0920365		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KWAL, RICHARD M 1101 BRICKELL AVE, STE 800 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 169 E FLAGLER STREET, SUITE 800 City MIAMI FL Zip Code 33131-1296	
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 <u>Richard M. Kwal</u>		RICHARD M KWAL	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWAL, RICHARD M 1101 BRICKELL AVE., STE. 800 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 169 E FLAGLER STREET, SUITE 800 MIAMI FL 33131-1296
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, GAIL DR. 1101 BRICKELL AVE., STE. 800 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 169 E FLAGLER STREET, SUITE 800 MIAMI FL 33131-1296
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, STEVEN H 701 BRICKELL AVE STE. 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWAL, RACHEL A 1101 BRICKELL AVE STE 800 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 169 E FLAGLER STREET, SUITE 800 MIAMI FL 33131-1296
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Richard M. Kwal</u>		RICHARD M KWAL	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		305-577-4333	
		Daytime Phone #	