

5-20-97

B-1613 C

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002120 (1)  
1. Corporation Name  
THE MARJORIE F. COWAN FAMILY FOUNDATION, INC.



Principal Place of Business: 3725 SO. OCEAN DRIVE STE 718 HOLLYWOOD FL 33019  
Mailing Address: 3725 SO. OCEAN DRIVE STE 718 HOLLYWOOD FL 33019-2909

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1996	3a. Date of Last Report
21	22	26	27	4. FEI Number 65-0665228	Applied For Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
COWAN, IRVING  
3725 SO. OCEAN DRIVE STE 718  
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

\*SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN, MARJORIE F	1.2 NAME	
STREET ADDRESS	3725 SO. OCEAN DRIVE STE 718	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN, IRVING	2.2 NAME	
STREET ADDRESS	3725 SO. OCEAN DRIVE STE 718	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN, JONATHAN	3.2 NAME	
STREET ADDRESS	6949 TOWN HARBOUR BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN, CINDY	4.2 NAME	
STREET ADDRESS	1276 SUNSET PLAZA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90069	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, DEBBIE	5.2 NAME	
STREET ADDRESS	5321 NO. 36TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham REQUIRED 4/20/97 954/458-8998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023447

CR2E037 (9/96)