

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600002120

Corporation Name

THE MARJORIE F. COWAN FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

3725 SO. OCEAN DRIVE STE 718 HOLLYWOOD FL 33019

3725 SO. OCEAN DRIVE STE 718 HOLLYWOOD FL 33019

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90090 030 ****70.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed 04/18/1996				
21		26 Cuito Ant # oto		•	4. FEI Number	Apr	olied For	
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0665778		Applicable	
City & State City & State		1 - 1			5. Certificate of Status Desired	\$8.75 A		
			Country		6. Election Campaign Financing	\$5.00	Mav Be	
			n -	Trust Fund Contribution Added to Fees				
24	9. Name and Address of Current		-		10. Name and Address of New Registers	d Agent		
	o. Harris and Madrood ov demonstration		81	Name			_	
	ST 1440							
COWAN, I			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	_	į	
	OCEAN DRIVE STE 718		83					
HOLLYWO	OOD FL 33019							
				City	F			
office or re	egistered agent, or both, in the State (of Florida. Such change was auth	iorizea dv	tne corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its i pointment as reg	registered jistered	
agent. I a	m familiar with, and accept the obligat	ons of, Section 617.0503, Florida	a Statutes.					
SIGNATURE		- Iore D			ed when reinstating) DATE]	
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	t signature reduire	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
	D OFFICERS ANI	DELETE	1.1 TITLE		-	☐ Change	Addition	
TITLE			12 NAME					
NAME	COWAN, MARJORIE F	10	1.3 STREET	ADODECC				
	STREET ADDRESS 3725 SO. OCEAN DRIVE STE 718						j	
CITY-ST-ZIP	HOLLYWOOD FL 33019	□ DELETE	1.4 CITY-S' 2.1 TITLE	r-ZIP		Change	Addition	
TITLE	D	□ OÉTE1E				0,,ago		
NAME	COWAN, IRVING		2.2 NAME					
STREET ADDRESS	3725 SO. OCEAN DRIVE STE 7	18	2.3 STREET	ADDRESS			-	
CITY-ST-ZIP	HOLLYWOOD FL 33019		2. 4 CITY+S	T-ZIP		- Clare	Addition	
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	~ D voorgon	
NAME.	COWAN, JONATHAN		3.2 NAME					
STREET ADDRESS	6949 TOWN HARBOUR BLVD.		3.3 STREE	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433		3.4. CITY-S	T-ZIP				
TITLE	D	☐ DELETE	4,1 TITLE			Change	☐ Addition	
NAME	COWAN, CINDY		4. 2 NAME					
STREET ADDRESS	1276 SUNSET PLAZA DRIVE		4.3 STREET	T ADDRESS				
CITY-ST-ZIP	LOS ANGELES CA 90069		4.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	FISHMAN, DEBBIE		5.2 NAME					
STREET ADDRESS	5321 NO. 36TH COURT		5.3 STREET	ADDRESS			ŀ	
CITY-ST-ZIP	HOLLYWOOD FL 33021		5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
'			6.3 STREET	TADORESS			ļ	
STREET ADDRESS		_	64 CITY S	T. 71D				

14. I hereby certify that the information supplied with this tring 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 supplier ental 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 trystee 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 any attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SR2E037 (11/98)