


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000002120**  
1. Entity Name  
**THE MARJORIE F. COWAN FAMILY FOUNDATION, INC.**



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

**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**65-0665228**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional  
Fee Required

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

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IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

UNIFORM NUMBER 03/22/06-80033-005 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COWAN, MARJORIE F
STREET ADDRESS	3725 SO. OCEAN DRIVE STE 718
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	COWAN, IRVING
STREET ADDRESS	3725 SO. OCEAN DRIVE STE 718
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	COWAN, JONATHAN
STREET ADDRESS	1255 JACKSON ST
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	COWAN, CINDY
STREET ADDRESS	1276 SUNSET PLAZA DRIVE
CITY-ST-ZIP	LOS ANGELES, CA 90069
TITLE	D
NAME	FISHMAN, DEBBIE
STREET ADDRESS	2831 PALMER DR.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Marjorie Cowan*      3/9/06      954.454.8998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #