

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90029 042 ****70.00

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1. Entity 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

DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0665228	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COWAN, IRVING
 3725 SO. OCEAN DRIVE STE 718
 HOLLYWOOD, FL 33019

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

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 1134 Tower Rd
CITY-ST-ZIP	LOS ANGELES, CA 90060 Beverly Hills 90210
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/08 954-452-8998
 Date Daytime Phone #