


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N96000002120**

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**



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0665228</b>	Applied For Not Applicable
5. Certificate of Status Desired <b>AT</b>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

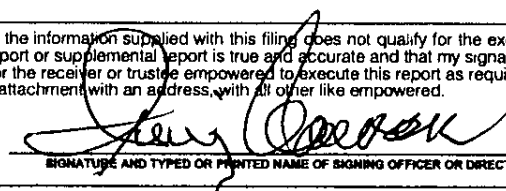
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UD00000334186  
 04/17/08 00033 024 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWAN, MARJORIE F 3725 SO. OCEAN DRIVE STE 718 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWAN, IRVING 3725 SO. OCEAN DRIVE STE 718 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWAN, JONATHAN 1255 JACKSON ST HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWAN, CINDY 1134 TOWER RD BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, DEBBIE 2831 PALMER DR. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **4/1/08** **954-458-8998**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #